. CUITO	OLIVIII 101	AIL OI DEAIL	Reg. Dist.	No.
o. COUNTY HUBBLE	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside corpor  BELT SUIL	rate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street ad PANOIT BRANCIT	T. HOME	d. STREET ADDRESS 48/4-MON	YELMERY	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARGARET	Middle	ALBERTIE DEATH	AUG. 17.	1957 19
5. SEX   6. COLOR OR RACE   7. MARRIEI   WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH 1875	9. AGE (In years lost bishdoy) Months Do	EAR IF UNDER 24 HRS. Bys Hours Min.
100. USUAT OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of foreign co	12. CITIZE	N OF WHAT COUNTR
3. FAFHER'S NAME W. Duilay		114. MOTHER'S MAIDEN HAME	muell	1 0
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no. or unknown) [If yes, give wor or dates of service]	OCIAL SECURITY NO. 17.	D.B. albert	Address 5/1-/	innie 16
PART I. DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Candilions, if any, which gove rise to immediate cause (a), stating the under- lying cause lost.  (c)	terioscler du	ocardial fa olic Cosonar	y arlery	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASI	CONDITION GIVEN IN PART 1	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port	II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJI Hour a.m. p. m. 19 While of work [	_ Not while _ fo	ACE OF INJURY (Home, farm, 20f. (City ctary, street, affice bldg., etc.)	or town) (Cou	nty) (Slote)
21. I certify that I attended the deceased alive an Sus 7 195,  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	All property	n occurred at 7 P. M from ADDRESS (SI	1952, that I last the causes and an the reet, city or town, state)	
226. BUBBAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCAT	UON (City, town or county)	(Stote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS TOME - 11/4	240. REC'D BY REGISE	RAST 246 RECISTRAR'S SIGN	atime

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in res after death. Page 4 may be retained by the hospital or attending physician.

TO FU. T. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page Schauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. VS AIS (4) 15M 9/SS

CERTIFICATE OF DEATH

BUREAU V. S.

Service Colors and a service of the service of the

4961 61 9NV

BECEINED

## FOR STATE HEALTH DEPT

08752

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funcer director. Page 4 shows be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stare Board of Health, an its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 7 FilmG219 8-19-57 et

8		08	753/
Reg.	Dist.	No.	070

Prince George's	MARY	2. USUAL RESIDENCE		tution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, we and give negret foun) Riverdale	c. LENGTH OF STAY		(If outside corporate limits, writ	
d. NAME OF HOSPITAL OR INSTITUTION 6800 Riverdale Road	(If not in hospital, give street addres	d. STREET ADDRES	ordale Road /	e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print) SARAH	irst Middle ELIZABETH	ALSOP	4. DATE Mon OF DEATH Augus	
5. SEX Female 6. COLOR OR RACE White	WIDOWED NEVER MARRIED	Dec. 4, 1883	9. AGE (In years 73 irthday) yrs.	IFUNDER TYEAR   IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired HOUSEWILE	Own Home	INDUSTRY 11. BIRTHPLACE (SE		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Edward Parker		14. MOTHER'S MAIDER		
15. WAS DECEASED EVER IN U. S. ARMED F( 10 no. or unknown) (If yes, give war or dates of		17. INFORMANT Alice I. Law	rhorn Same as	# 2 (Daughter)
PART II. OTHER SIGNIFICANT COL	c)			IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, You hour a.m. p. m. 15	While Not while	Oe. PLACE OF INJURY (Home, 6 factory, street, affice bldg.,	orm, 20f. (City or town)	(County) (State)
21. I certify that I took chorg opinion death resulted from:  ACTUAL SIGNATURE DE John T		M.D. CHIEF MEDICAL	Homicide, Undet	Inquiry X, and in my ermined manner   Aug 13, 1957
220. BURIAL CREMATION, 22b. DATE THERE BURIAL (Specify) 8/15/57		ery or crematory	22d LOCATION (City, town,	
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons	yattsville, Maryl	24g. RI		ISTRAR'S SIGNATURE

# MEDICAL EXAMINEES CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATION

MEDICAL

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after death. If any delay is necessary, please exe-	2, and 3 to the tuneral cyrector. Page 4 shauld be by be retained far your	and 2 with the registral priar to burial, cremation,	X (I o
AMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe-	ng the ward pending in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral direct. Wedical Examiner's Office along with farm PM3. Page 5 may be retained far your fit.	age 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, crematian,	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PERFORMED? NO [

DATE SIGNED

(Stole)

Md.

(County)

P. G.

Rea, Dist. No

08808 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Prince William MARYLAND Virginia Prince George's b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Woodbridge Transient Ocon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. Potomac River YES NO 3. NAME OF First Middle 4. DATE Lost Month Day Year DECEASED 22 1057 (Type or print) Dale Arrington DEATH August Marvin 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours April 20. 1935 WIDOWED [7] DIVORCED [ White Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. SAnd dredging Laborer Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Myrtel Kelley Charles E. Arrington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war or dates of service) Mrs Myrtle Arrington, same as 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia DUE TO Drowning Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

Fell from barge into river 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not while 7 : 30xxxxx

at work at work Oxon Hill River 21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and find that

death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause

ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER FXAMINED'S

August 22, 1957 DEPUTY MEDICAL EXAMINER

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Fairfax County Virginia Cranford Memorial 8/24/57

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyattsville, Md.

NAME (Type) James I. Boyo

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

20f. (City or town)

VS. A15ME(5) 5M 9/55

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BUREAU V. S.				
DECEIVED		and the same of th		

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08809 OR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince George's o. STATE Maryland files. Health, MARYLAND b. CITY OR TOWN (If outside corporate fimits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give ne G1'assmanor yaur d of director 6 vears Glassmanor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 308 - Roseld Court 308 Roseld Court 5 may be reta NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Howard Jeremiah Balacek 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 5. SEX Dec. 17, 1919 WIDOWED [ DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Poge 1 during most of working life, even if retired) Beights and measures Inspector New York scuted within 24 hours after them, 18. Give Pages ce along with form PM3. 13. FATHER'S NAME File pages 14. MOTHER'S MAIDEN NAME eventad Jeremiah Balacek Marie Salek 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IV yes, give war or dates of service) dny 008-03-5174 Emily alacek Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] along puo PART I. DEATH WAS CAUSED BY: Coronary thrombisis IMMEDIATE CAUSE (a) buriol-tronsit s Office DUE TO Coronary atherosclerosis Canditions, if any, which gave rise to immediate cause DUE TO Examiner (a), stating the underlying 0 cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION pesa Medical de 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. e O 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part It of item 18.) should 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED i 20f. (City or town) factory, street, office bldg., etc.) Hour Not while a. m at wark of work to the p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection CTOR: opinion death resulted from: Notural causes XI, Accident | Suicide . Homicide . Forwa ACTUAL SIGNATURE EXAMINER'S James I. Boyd NAME (Type) DEPUTY MEDICAL EXAMINER FUN shar 220. BURIAL CREM 22c. NAME OF CEMETERY OR CREMATORY 0 ADDRESS SIGNATURE

DATE SIGNED 8-16-57 22d\_LOCATION (City, town, or county) (Stote) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

(County)

Inquiry D

Undetermined manner

b. COUNTY Prince George's

16

Doys

U.S.A.

Months

IF UNDER TYEAR IF UNDER 24 HRS.

Hours Min.

12. CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NOF

(Slote)

Month

August

Address

same as

9. AGE (In years

out by holay)

e. IS PESIDENCE ON A FARM?

Year

YES INO IN

1957

VS. ALSME 5M 2/57

TOLER STREET

strateonia concrete and objects

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EUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08746 Rea. Dist. No. il director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write c. CITY OR, TOWN (If autside carporate limits, write 80 RAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 7 NAME OF First Middle Last 4. DATE Month Year DECEASED OF DEATH (Type or print) 195 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) 6. COLOR OF RACE B. DATE OF RIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED X DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 FIRTHRIACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. JAMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no. or unknown) (If yes, give wor or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. 11. While Not while p. m. at work at work 21. I certify that I attended the deceased from 19 12 that I last saw the deceased alive on and that death occurred M. from the causes and on the date stated above. at ADDRESS (Street, city or town, state) SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) BREMOYAL (Specify) 8/9/57 Fort Lincoln Cemetery Colmar Manor, Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. 15M 9/55

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	Mary Street Commence	26	
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WAREVO A' &			
EUREAU V. S.		The state of the s	

may be relained by the haspital ar attending physician.

TO FUNITY DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

08758

								кед	J. DIST. NO	0.
1. PLACE OF DEATH a. COUNTY Pri	ince Georges		MARYLA		USUAL RESIDENCE (V	-	d lived. If insti b. COUN	tutian: Re VTY	esidence bef	fare admission)
b. CITY OR TOWN RURAL and give	(If outside carparate limits,		ENGTH OF STAY IN	1 1ь	c. CITY OR TOWN (IF	-		e RURAL		earest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give Flenn Dale Ho	street oddre	55)		d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
3. NAME OF	First	abirai	Middle		Lost	4. DATE	Rd. N.			YES NO
(Type or print)	Georg		H.		Braxton	OF DEATH		Aonth	ונ	Pay Year L 19 57
5. SEX Male	6. COLOR OR RACE 7	MARRIED [			7/17/10		lost birthdo	y) Mon		Haurs Min.
Porter	ION (Give kind af work da arking life, even if retired)	Chum Sho	bers vale	t	Maryland	1	auntry)	12	USA	OF WHAT COUNTR
13. FATHER'S NAME					4. MOTHER'S MAIDEN			4-7		
Thomas I		- 21			Rosetta Mo	cAllist				
IVes, no. or unknown!	/ER IN U. S. ARMED FORCE If yes, give war or dates of servi	ce)	nown	17. INFO	Decedent			ddress		
Conditions, if gave rise to couse (a), stating lying cause lost  PART II. On	immediate DUE TO the under- (c)_ THER SIGNIFICANT CONDITION	TIONS <u>CONT</u> R	IBUTING TO DEATH	E BUT NO	IT RELATED TO THE TERA	MINAL DISEAS	E CONDITION (	GIVEN IN		19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WOR CONTRIBUTING	ulmonary tube  /AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)				Enter nature of injury in	Port I or Port	t II of item 18.)			YES NO
-1	IRY Month, Day, Year	20d. INJURY While I at work (		e. PLACE factory	OF INJURY (Hame, far , street, office bldg., et	m, 20f. (City	or tawn)		(County)	(State)
21. I certify to alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the d /8/11 /// /// Moe Weiss.	12.57.	am7	eath oc	19.57, to_coursed at 9:30 Glenn I Glenn I	AM, from ADDRESS (SI Dale Ho	n the causes reet, city or town spital	and a	in the do	saw the decease ate stated abov DATE SIGNE 8/11/57
22a. BURIAT, CREMATH REMOVAL (Specify	ON, 226. DATE THEREOF		NAME OF CEMETE	RY OR C			MON (City, 18w)	n, or cour	""/	(StoTe)
23. FUNERAL SIRECTOR	S SIGNATURE		ADDRESS 6214	lor	1	G 14 '5		GUSTRAR"	s signaru	IRE

20

VIC IT 1821

ADDRESS

30 H Street, N.E.

Bowie

24a. REC'D BY REGISTRAR

DATE ! 0 15

Maryland

24b. REGISTRAR'S SIGNATURE

. 2

delay

**EXAMINER: This** 

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VS. A15ME(S)

5M 9/55

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23 FUNERAL DIRECTOR SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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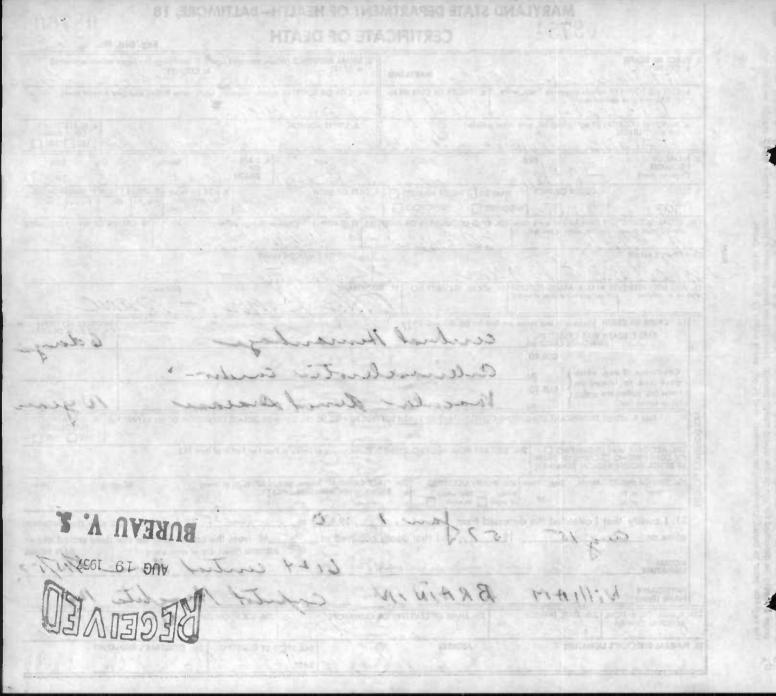
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papers.

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death.

1. PLACE OF DEATHPrince George's very land b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

OR INSTITUTION

Upper Marboro

during most of working life, even if retired)

MARYLAND

c. LENGTH OF STAY IN 16

d. STREET ADDRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Prince George's

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Upper Marlboro

. IS RESIDENCE ON A FARM? YES NO

Hours

INTERVAL SETWEEN ONSET AND DEATH

NAME OF DECEASED (Type or print)

Bessie E.

First

Brown 6. COLOR OR RACE 7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

DATE OF

August AGE (In years

IF UNDER 1 YEAR IF UNDER 24 HRS.

5. SEX Female

Negro

d. NAME OF HOSPITAL (If not in hospital, give street address)

WIDOWED |

DIVORCED T

Middle

February

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)

lost birthdoy) Months YES.

Thew Road

12. CITIZEN OF WHAT COUNTRY?

U.S.A

housewife 13. FATHER'S NAME

Maryland 14. MOTHER'S MAIDEN NAME

Flore Quander

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

17. INFORMANT

Samuel Brown

Chew Road

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

Arterio-Sclerosis PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

Diabetes DUE TO

260X Conditions, if ony, which I

gove rise to immediate couse (o), sloting the underlying couse lost.

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month.

p. m

Hour o. m.

Year 20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, farm, | 20f. (City or town)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

(County)

(Slote)

PERFORMED? YES T NO T

CATION

21. I certify that I attended the deceased from. olive on August

Day,

ol work of work For three wears

and that death occurred

factory, street, office bldg., etc.)

.\_\_\_\_, 19\_\_\_,that I last saw the deceased

Kenneth G. Brown,

3560 13th St., N.W. Washington, D.C.

ADDRESS (Street, city or town, state)

al 0:15 M. from the causes and on the date stated above.

220. BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)

22c. NAME OF CEMETERY TO GREMATORS

22d. LOCATION (City, town, or county) Unner Merhana

(Stote)

23. BUNERAL DIRECTOR'S SIGNATURE

ADDRESS

SEP

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

HOSPITAL

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. 00:00	CERTIFICA	AIE OF DEATH		Reg. Dist. No.	
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Who		itution: Residence before admission)	
Prince Georges K	MARYLAND	Marvland	b. COUN	e Georges	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		te RURAL and give nearest town)	
Cheverly	h Days	14 College	Park		
d. NAME OF HÖSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS	2	e. IS RESIDEN ON A FAR	RM?
Prince Georges General			rvard Rd.	YES NO	-
	Middle Simons	Burrus	OF	Wonth Doy Yeor	57
S. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdo		-
Female White WIDOWE	D DIVORCED	10-26-95		y) Manths Days Haurs /	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. (during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT CO	UNTRY
	Own Home	Penna.		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Richard B. Simons		Anna Gil	pin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9		NFORMANT		Address	
no	None R	ussell L. Bu	rrus Colle	ge Park, Md.	
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c).]			INTERVAL BETWE	EEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	PARCINON	MATOSIS		21/12	S
175 X DUE TO					
	deNO CAI	LCINOM.	A OF OV	ARIES 4 VIL	5
gave rise to immediate DUE TO					
lying cause last. (c)					
PART 11. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION	GIVEN IN PART I(o) 19. WAS AUTO PERFORME	OPSY ED?
<u> </u>				YES Z	
PART 11. OTHER SIGNIFICANT CONDITIONS CONDIT	RISE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Part II of item 1B.)		
20c. TIME OF INJURY Manth, Day, Year 20d. IN		ACE OF INJURY (Home, form,		(County) (	(Stote)
Haur a. m. While at wark	1401 #11116	ctory, street, affice bldg., etc.			
21. I certify that I attended the decease	d from June	, 1953 to A	4924 195	7, that I last saw the dec	ceasea
alive an Augry 195	7 and that death	occurred at 6:00P	1	s and an the date stated o	
In. The	1//		ADDRESS (Street, city or tax		SIGNET
SIGNATURE THE	y much	M.D. 3503	burn &	4. 8/2	4/3
PHYSICIAN'S			0.	24. 1	1
NAME (Type) Dr. Norman Comean	1	My T.	1 Carrier	m a	
Premoyal (Specify) 8/28/57	22c. NAME OF CEMETERY O		22d. LOCATION (City. town South Ste	erling Penna. (Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. RE	EGISTRAR'S SIGNATURE	
F. Gasch's Sons Hy	attsville, Mo	I. DATE		1 ~ 1	
		AUG	27 5/	Leduch	

y the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page & may be ratioined by the hospital or attending physician.

TO FUNITY DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove cases papers. Pages 1 the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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Hyattsville, Md.

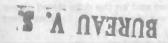
	MARY	LAND	STATE DEPART	WEN	IT OF HEAL	TH-BAL	TIMORE, 1	8	876	63.	11
	0875	50	CERTIFI	CAT	E OF DEA	TH			ist. No.		40
1. PLACE OF DEATH	rince Georg	ge 's	MARYLAN	- 11	USUAL RESIDENCE	(Where decease	ed lived. If institution b. COUNTY	Pri	nce befo	Geor	ion)
b. CITY OR TOW RURAL ond giv Mt. Ra:	N (If outside corporate limi e nearest town) inier	its, write	c. LENGTH OF STAY IN 14 month		c. CITY OR TOWN	(If outside corpo		URAL one	give nec	arest tawn	n)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, g DN 25th Stre		oddress)		d. STREET ADDRESS	25th 8	St			e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Vic	ola	Fannie Middle	Ca	arson	4. DATE OF DEATH	Mon Augu		30, <sup>Do</sup>	*	Yeor 19 57
5. SEX fema:		WIDOW		Ju	11y 4, 18		9. AGE (In years lost birthday) 71 yrs.	Months (	R 1 YEAR Doys	Hours	Min.
auring most of	ATION (Give kind of work working life, even if retired ousewife	)	KIND OF BUSINESS OR IN		Virgin: 4. MOTHER'S MAIDE	ia	country)		U S		COUNTR
	Frank Damero	on		1	Laura (		1				
15. WAS DECEASED (Yos, no. or unknown)	EVER IN U. S. ARMED FOR Iff yes, give wor or doles of t	(CES? 16. ervice)	SOCIAL SECURITY NO.	7. INFO	rmant rothy V Da	avis	Mt. Rai		r Md		KE
	DEATH [Enter only one co DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c	)	ne for (o), (b), and (c).] Acute Coro	nar	У				ONS	ERVAL BE SET AND	DEATH
		)	Arterioscle	erot	ic heart	disea	ase			3 M	15.
CAT		DITIONS (	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(0) I	PERFO	AUTOPSY ORMED?
	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (E	nter nature of injury	in Port I or Por	t II of item 18.)				
WEDICAL HOUR OF IN HOUR O. P.	f1.	ar 20d. II While of wor	Not while	foctory	OF INJURY (Home, fi , street, office bldg.,		y or town)		(County)		(Stote)
	that I attended the 3-30-57	deceas , 19	ed fram 5-18-5		curred at 12		m the causes a	nd an		te state	decease ed abav ATE SIGNI
SIGNATURE	TILL B	ERG	EMANNI	_M.D.	4312 . H	YAT	TS. X	10.	27	-	
REMOVAL (Spec	19/0/0/	)F	22c. NAME OF CEMETER Ft Lincoln			Colm	TION (City, town, on Manor	, ,		(Stote	e)
23. FUNERAL DIRECT	10.12		ADDRESS	* *****		EC'D BY REGIS			-	RE	

DATE D

CENTIFICATE OF DEATH

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**CERTIFICATE OF DEATH** 

								Keg. Dis	1, 140.	
1. PLACE OF DEATH				LAND	2. USUAL RESIDENCE (W	here deceose	ed lived. If institut b. COUNTY		e before adm	ission)
Pr	ince George	Maryland			ce Ge	mae				
b. CITY OR TOWN (	If outside corporate lim		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, write I	RURAL and g	ive nearest to	wn)
Cheverl			16 days							
d. NAME OF HOSPI	TAL (If not in hospital, s	ive street			d. STREET ADDRESS	ark			e. IS R	ESIDENCE
OR INSTITUTION	George Ger		Usenikal		/ 7 Man 3 -	Taux (	Ob 774 7	э Ф		A FARM?
. NAME OF	George Ger		Middle		Lost	4. DATE	CherryHil	i r.	- UV-	
DECEASED (Type or print)	May belle		М		Cary	OF DEATH	Moi Aus	nst.	Doy 8	19 <b>57</b>
S. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	ED 🗍 8	L DATE OF BIRTH		9. AGE (In years lost birthday)	The state of the s	YEAR IF UN	
Female	White	WIDOWI	DIVORCE	00	June 30,190	00	57 yrs.		Days Hour	s Min.
00. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State	or foreign o		12. CITI	ZEN OF WHA	AT COUNTRY
Non	king life, even if retired	,	At Home		Californ	nia			USA	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Charle	s Murray				Careline	e Mu	rray			
S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. IN	FORMANT			lress	Del	
Yes, no, or unknown)	(If yes, give wor or dates of t	ervice)	None	Mr	s Melvin Wl	he law	1990 M	aw 94		
	ATH [Enter only one co				2 WETATH HI	Tarrey	, IZZU N	ew Du		
	ATH WAS CAUSED BY:	use per in	ne for (a), (b), and (c).	/	*				ONSET AN	D DEATH
F-116	IMMEDIATE CAUSE (c		en ?	m	(U)				-	
2/8X	DUE TO	1	2 /	+			11			
Conditions, if o		1	enfina	ren	· Suull	wl	coliny			
gove rise to i		,	0							
lying couse lost.	) (c	)								
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	VEN IN PART	1(o) 19. WAS	S AUTOPSY ORMED?
3										] NO [
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature of injury in	Part I ar Pa	rt II of item 18.)			
20c. TIME OF INJUI	RY Month, Doy, Ye	or 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form	n, 20f. (Cit	y or town)	(C)	ounty)	(State)
20c. TIME OF INJUI Haur a. m. p. m.	19	While	Not while	fact	ory, street, office bldg., etc	c.)		,	,	(5.5.2)
			14.7	127	· · · · · · · · · · · · · · · · · · ·	0	1 -	-7		
21. I certify th	nat I attended the	decease		173	, 19 <u>1</u> /, to				ast saw the	
alive an	8/8	, 12.5	, and that	death	occurred at6.00A	M, fro	m the causes of	and an th	e date sta	ted above
ACTUAL /	, / 1	/	1		11	ADDRESS (S	Street, city or town,	stote)		DATE SIGNE
SIGNATURE	arris 1	130	rollson	N	1.D. 400	1. 5.	1951			
PHYSICIAN'S					/		TO THE ST			
NAME (Type)										***
20. BURIAL, CREMATIC		F	22c. NAME OF CEME	ETERY OR	CREMATORY	22d. LOCA	TION (City, town,	ar county)	(St	ote)
REMOVAL (Specify	8-10-57	7	Mt. 01	ive		De	lmar. D	-1	1999	
	SIGNATURE		ADDRESS		240. REC'	D BY REGIS		STRAR'S SIG	NATURE	
81X14	Mary	Cu-	- I alm	ner	Kel DATE A	36	57 (200	1	. /	
1	1.		xuuii	-	A COLUMN A	UU I U	- 100	- RALL		

TO FUNE VS A15 (4) 15M 9/SS

June 20, 1903 Carrellago Margary None - Who Malyin whaten III and the Er. 1907 37 9NV

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Page

director. Page for your files. Board of Health, necessory, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is executed by certificate, writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the fundant should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State. or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OF DEATH

08765

OR STATE	08757	MEDICAL EXAMINER'S CERTIFICATE
EALTH DEPT.		

Rea. Dist. No.

												-
	PLACE OF DEATH o. COUNTY				0	STATE		sed lived. If institu		nce befo	re odmissio	n)
-		ince George		MARYLA	ND	Mary	rland		Pr	. G		
	b. CITY OR TOWN (If and give nearest fown	outside corporate fimits, writ	P RURAL C	LENGTH OF STAY IN	lb c.	CITY OR TOWN	I (If outside co	rporote limits, write	RURAL ond	give ned	arest town)	
	Chever	ly		D.O.A.	X	Hil	Llowest	Heights				
	d. NAME OF HOSPIT	AL OR INSTITUTION	If not in hospita	il, give street address)	d	STREET ADDRES	is ·				e. IS RESID	DENCE
	Princ	e Georges C	eneral	Hospital		5917 2	28th Av	anna			YES [	
3.	NAME OF	Fir		Middle		lost	4. DATE	Monti	h	Doy	Yeor	
	DECEASED (Type or print)	Albert		Wilfred	Ch	apman	OF DEATH	Assesser	t 77		19	67
5.	SEX	6. COLOR OR RACE	-	NEVER MARRIED				9. AGE (In yours	IF UNDER 1		management and	-
	Male	white	WIDOWED			7-28-57	7	last birthday) yrs.	The state of the s		-	lin.
100	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b. KINI	OF BUSINESS OR INC	OUSTRY 11	BIRTHPLACE (SE	tote or foreign	country)	12. CITIZ	EN OF	WHAT CO	UNTRY
7	**		4	****		Wochin	gton, I	0.0		IISA		
13	FATHER'S NAME	6.0			14. N	OTHER'S MAIDE	N NAME	0.00		W.		
	Albem	+ 1/0 = 7 === (N				Trd	dada M					
15	. WAS DECEASED EV	t Wesley Ch	RCES? 16. SO	CIAL SECURITY NO. 1	7. INFORM	ANT	rinia Mo	Address				
[Ye	s, no, or unknown)	(If yes, give war or dates of	service)									
=	I				Fathe	r; Same	addres	38		T		
		TH [Enter only one cou TH WAS CAUSED BY:	use per line for	(a), (b), and (c).						DHSET	AND DEATH	
1		IMMEDIATE CAUSE (o		Broncho	oneum	onia						
	491X	DUE TO			175.71							
	Conditions, if o											
	gove rise to immed (a), slating the											
	couse lost.	(c)										
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH B	UT NOT RE	ATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	EN IN PART		PERFORM	TOPSY ED?
RTIFIC	20a. EXTERNAL CAL PRIMARY   or COI CAUSE OF DEATH.	USE WAS 20	DESCRIBE H	OW INJURY OCCURRED	D. (Enter no	ture of injury in I	Port I or Port I	l of item 18.)				
	CAUSE OF DEATH.										3.1	
WEDICAL	Hour o. m.	RY Month, Doy, Ye	While	URY OCCURRED 20e. Not while of work	PLACE OF factory, str	INJURY (Home, for set, office bldg.,	etc.) 20f. (Cit	y or town)	(Coun	nty)	(	(Stote)
		nat I took charge		nains described a	bave, h	eld an Auto	psy 🔽	nspection (S	Inquiry	F	and i	in my
				ises X, Accider			-				and the same of	
	opinion death	resurred from:	A A	ses [A], Accider	"	Juicide [],	nomiciae	, Undere	rmined m	anner		
	ACTUAL ()	1 70	AA /	/		CHIEF MEDICAL	EVALUACE F				DATE SIGN	NED
	SIGNATURE	om)-	May	mey	M.D.	CHIEF MEDICAL						
	EXAMINER'S			//		ASSISTANT MED						
	NAME (Type)	ohn T. Malo	ney. M.	D		DEPUTY MEDICA	AL EXAMINER	Augr	ust 11	. 15	757	
220	BURIAL, CREMATIC		OF 22	. NAME OF CEMETERY	OR CREMA	TORY	22d. 100	ATION (City lown,	or country	,	(State)	
	Bura	( aug/3	3-57	tedas	Hel		1	ettas	-d	7	na.	,
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1	240. RI	EC D BY REGIS	TRAR 24b. REGI	STRAR'S SIGI	NATURE		
1	Semme	n Bros	166	1- good	Hon	SPEN DATE	HC 14 '5	7 0.1	_	1		
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	.t. (codmidate)		
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	Almene	ngademas.	The same of the sa

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	AODCC
*			08758 CERTIFICATE OF DEATH	08766 Dist. No.
director filled with	<b>c</b> )		PLACE OF DEATH O. COUNTY PRINCE LEORGE MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Reside o. STATE MARYLAND b. COUNTY PRINCE	ce Leoca
ofter death.	M)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. NAME OF HOSPITAL (If not in hospital, give street address)  d. STREET ADDRESS	give nearest town)
y th	77		TRINCE GEORGES Deneral 4006 38 Street	ON A FARM? YES NO
ithin 24 ho sly filled Poges 1 or			NAME OF First Middle Lost 4. DATE Month OF DEATH QUALUS	+ Day Yeor + 2 1957
3 =	7	5. <u>F</u>	emale white WIDOWED   DIVORCED   august 2,1957 lost birthday) yes. Months	1 55
ond comple bon papers. er doeth.	1)	L	M.d.	ITIZEN OF WHAT COUNTRY?
ician o e carba		13.	Paymond Chick Maney Dahlsten	1+
certific ng phys r remov 72 hour	0	15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address III yes, give wor or dotes of service)	
the death ne attendi hen please			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  A FORMAL CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
ires that ned by the ermit. T			Conditions, if ony, which gove rise to immediate Coursely Utalian Harden	
requesion.		z	lying couse lost. (c)	
The law g physic has be prial-tra	0	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
IAN: tendin ficate the bu		L CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
PHYSIC tol or at this cert ir use as remation		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  20d. INJURY OCCURRED While Not while at work of work o	(County) (State)
NDING e haspil : After ched fa urial, cr			21. I certify that I attended the deceased from Assays 12, 1957, to Gugest 2, 1957, that I alive on Assays 12, 1957, ond that beath occurred of 2, M, from the causes and an	last sow the deceased
R ATTE	1		ACTUAL Benjamen L. Muller 3824-34 Mt Paruel	auf 21957
Propriet Distraction			PHYSICIAN'S Behinmin 5 Miller	
may be o FUNB		6	BURIAL CREMATION, 22 DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 22d (SCATION (City, town, of county) William Curp 1957 Murge to creat tempton Chur	erly my
VS A15 (4) 15M 9/SS	B	23.	FUNEDAY DIRECTOR'S SIGNATURE ADDRESS ACCOUNT DATE  ADDRESS ACCOUNT DATE  240. REC'D BY REGISTRAR'S SI  ADDRESS DATE	IGNATURE
	· X	2	077182×V4 AUG 30 '57 (11)	, 1,

AUG 30 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08767 08812 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before offension) o. COUNTY b. COUNTY erol b. CITY OR TOWN (If outside corporate limits, write Ve. LENGTH OF STAY IN 16 14 c. CIDY OR TOWN (If outside corporate limits, write RURAL and give negrest town) WRAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TI NO T NAME OF Middle 4. DATE Manth Day Year DECEASED OF 195 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years/ lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH Months Doys Hours DIVORCED T WIDOWED A popers. 10a. USUAN OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or design most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? ouse woo pan 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME move IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] AMTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) das DUE TO Shy Canditions, if ony, which (b) gove rise to immediate DUE TO per couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o. st. factory, street, office bldg., etc.) While Not while of work of woth 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred M, fram the causes and an the date stated above. ADDRESS (Street, city or) town, state) DATE SIGNED ACTUAL О PHYSICIAN'S NAME (Type) FUNES 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATEUG

4961 81 50V

08759 cremation should I. PLACE OF DEATH e. COUNTY Prince Georges buriol, Page b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly NAME OF Your funerol DECEASED (Type or print) Samuel 2 with the re-5. SEX Male white WIDOWED [ 0 n during most of working life, even if retired) ond may 13. FATHER'S NAME Lee T. Cornell 5 oge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Give PM3. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) burial-fronsit **DUE TO** Conditions, if any, which pencil gove rise to immediate cause oud DUE TO (o), stoting the underlying couse last 0 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING I CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY Medical writing death resulted from: Natural causes , MEDICAL cole, ACTUAL 00 SIGNATURE DEPUT NAME (Type) cute ti FUN 22b. DATE THEREOF 220. BURIAL CREMATION. REMOVAL (Specify) 0 Aug 28, 1957

VS. A15ME(5)

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08768

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution) Residence before admission) b. COUNTY MARYLAND Maryland Pr. Geo. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) davs Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital 3903 Perry Street YES TO NO TO 4. DATE Month Yeor Cornell DEATH 19 57 Roy Aug. 25. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7. 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. 56 Months Days Hours 9-li-1900 DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Street work Virginia USA 14. MOTHER'S MAIDEN NAME Cora Hornsby 16. SOCIAL SECURITY NO. 17. INFORMANT Marie M. Cornell: Same as # 2. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Shock Laceration of brain Gunshot wound of head. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Shot by a pistol held in the hands of another man-20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) factory, street, office bldg., etc.) 19 57 of work of work House Mt. Rainier. Pr. Geo. Md. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that Accident . Suicide , Homicide , Undetermined cause DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER August 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Fort Lincoln Cemetery Colmar Manor, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR F. Gasch's ons Hyattsville Md. DATE

MEDICAL EXAMINERS CERTIFICATE OF CEATE

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08769

CERTIFICATE OF DEATH 08813 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland Prince Georges Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Adelphi Adelphi d. NAME OF HOSPITÄL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9685 Riggs Rd. YES NO NO NAME OF First Middle 4. DATE Lost Month Yeor Day DECEASED (Type or print) DEATH David 19 57 George Cruze Aug. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Manthe Days Male White WIDOWED T DIVORCED T 83 yrs Feb. 18, 1874 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farming Farmer & Guard -Ret Tenn. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Cruze Susan Houser 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9685 Riggs Rd., Adelphi, Md. Ralnh Cruze 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cardiovascular Failure 12 hours DUE TO Conditions, if ony, which Hemorrhaging 10 days gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. Carcinoma of Stomach 10 mos. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.1 g. m While Not while 19 of work of work 21. I certify that I attended the deceased fram 9-26-56 , 19-56 , to 8-4 , 19-57 , that I last saw the deceased alive on and that death accurred at 5:50p.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S Christman, M.D. Claire A. NAME (Type) Riggs Road 22b. DATE THEREOF 220. BURIAL, CREMATION, 22CENAME OF CEMETERY OR CREMATORY 22d. LOCATION/(City, town, or county) (Stole) REMOVAL (Specify) surea Cenurosa 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

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CERTIFICATE OF BEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08770 08814 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before editioning) b. COUNTY CITY OR TOWN (If outside corporate limits, write E LENGTH OF STAY IN 16 c. CITY OR TOWN (IF duside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give-street oddress) d STREET ADDRESS e IS RESIDENCE OB OF INSTITUTION ON A FARM YES T NO NAME OF First 4. DATE Middl Month Day Year DECEASED (Type or print) 19 5 SEX 6. COLOR OR RACE 9. AGE (In feors 7. MARRIED T NEVER MARRIED IF UNDER LYEAR IF UNDER 24 HRS Months Davs WIDOWED T DIVORCED [ papers. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse tost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 149. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. n. foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from... And 1957, to an B1 1957, that I last saw the deceased and that death occurred at & P.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL P PHYSICIAN'S Rued NAME (Type) noy b. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) un 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LOZ DATE SEP 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08760 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) and give nearest town) Silver Springs D.O.A. Cheverly . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 12710 Laux Street Prince Georges General Hospital YES NOT NAME OF DATE Month Year funerol DECEASED 1957 24 (Type or print) Lionel Dearstone DEATH August Lawrence 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Hours Days WIDOWED 17 DIVORCED T white Male YES. 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 200 during most of working life, even if retired) U.S.A. Sand and gravel Tenn. Laborer pe moy es l e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Flossie McAfee Poges 5 r Halmer Dearstane 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give war or dates of service) Halmer Dearstone: 12716 Gould Road, Silver Give No. INTERNAS PICE ING S. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Asphyxia IMMEDIATE CAUSE (a) DUE TO External compression of chest and suffocation Canditians, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SO PERFORMED? NO T 20a. EXTERNAL CAUSE WAS PRIMARY DE CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Port II af item 18.) Pe CAUSE OF DEATH. Buried under sand in a sand pit 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (Stote) (County) factory, street, office bldg., etc. rriting the v of Medical R: Page 3 st While Nat while of work of work Pr. Geo. Laure Sand nit 21. I certify that I took charge of the remains described above, held on Autopsy 17. Inspection 18. Inquiry 18. and find that the Chief death resulted from: Notural couses ... Accident T. Suicide . Homicide , Undetermined couse DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER August NAME (Type) John T. Maloney, M.D. Forw 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) Burtonsville Union Cemetery Montgomery County. 0 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S'SIGNATURE VS. A15ME(5) Silver Spring, Md. RULeduch

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceas			lence be	fore admi	ission)
o. COUNTY	rince Geor	rges	MARY	LAND	o. STATE Mar	vland	b. COUNT	Y P	r.	Geo.	
b. CITY OR TOWN and give necrest I	(If outside corporate limits, write	e RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If outside corp	porote limits, write	RURAL on	d give n	egresi to	wn)
	rdale		12 yea	rs	5 Riverd	ale					
	PITAL OR INSTITUTION		ital, give street address	8)	d. STREET ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF	heridan St		Middle		5713 Sh	4. DATE	Stree		Day		leor .
(Type or print)						OF DEATH			Day		
5. SEX	JOSEDI 6. COLOR OR RACE	-	Claude D			J	9. AGE (In years	IF UNDER	TYEAR		9 57 ER 24 HRS.
35-7-		WIDOWED	and the second second				fast birthday)	Months	Days	Hours	Min.
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during most of wo	rking life, even if retired)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			John 77	18. 61			COOMIN
13. FATHER'S NAME	d Guard		S.Gov't	15	NOW YOU				U	S.A	
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	rles Denni		OCIAL SECURITY NO	17 10184	Kat	herine	Matthe	DW8_			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	OCIAL SECORITI 140.	17. 11969							
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200 EXTERNAL	AUSE WAS		HOW INJURY OCCUR	RED. (Ente	r noture of injury in Pa	ort I or Port II	of item 18.)				
	ONTRIBUTING []										
3 20c. TIME OF IN	JURY Month, Day, Ye	or 20d. IN	JURY OCCURRED 20	e. PLACE	OF INJURY (Home, for	m, 20f. (City	or town)	(Co	unty)		(Stote)
20c. TIME OF IN		While of world	k Ot while	factory	street, office bldg., et	c.)		SIL			
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deoth result	ed from: Noturol	causes 🛴	Accident,	Suicio	le 🔲, Homicid	e 🔲, Ur	ndetermined o	ause [	].		
	1/-	221	1								
ACTUAL SIGNATURE	(18hmi)	-17/0	aloner		A.D. CHIEF MEDICAL E	XAMINER [				DAIE	SIGNED
EXAMINER'S			1		ASSISTANT MEDIC	CAL EXAMINE					2.4.7
NAME (Type)	John T.	Malor	ney, M.J.		DEPUTY MEDICAL	EXAMINER	§ Aug	ust	8,	195	7
220. BURIAL CREMA	TION, 226 DATE THERES	OF, 7 2	22. NAME OF CEMETE	RY OR CA	EMATORY	224 10CA	TION (City, town,	or county)		) (Stot	0)/
BREMOVAL ISPOEC	1 8/9/5	/	TI Jen	cobs	1	Cols	ner n	an	DI	me	1
23. SUNERAL DIRECT	OR'S SIGNATURE	74,3	ADDRESS O	h	24a. REC	D BY REGIST	RAR 246., REGIS	STRAR'S SI	GNATU	RE	100
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VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08815

**CERTIFICATE OF DEATH** 

08775

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Prir	c. COUNTY Prince Georges County MARYLAND California b. COUNTY											
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rashin tor			One Day		-	rlington		4	3X	3		
or institution	TAL (If not in hospital, go Hospital,	1000				4 Harth	a Way				e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	Fir San			ddle Lice	De	Lost	4. DATE OF DEATH	Augu		1	3	Year 1957
5. SEX Female	6. COLOR OR RACE		RIED NEVER MA	RRIED	B. DATE			9. AGE (In years last birthday)	IF UNDE			ER 24 HRS. Min.
		WIDOWI	Trans.			December		79 yrs.	1		1	
during most of wo Housewit	ON (Give kind of work orking life, even if retired	)	None None	S OK INDU	ISTRY 11.	Ingland		ountry)		nlene		COUNTRY
13. FATHER'S NAME					14. MC	THER'S MAIDEN	NAME					
Danie	el Westhead					Ellen H	iller					
(Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY		INFORMA		de IIC	Naval Ho	Iress	Cor		•
110	ATH [Enter only one co				TIITC	T Vecor	(15) (10)	MAGI NO	, gar	vall.	rorn.	Lal
Conditions, if a gave rise to cause (a), stating lying cause last.	the under-	)	rcinoma,							2,	set and	ths
CATIO	TIER STORT CORT	01110143	ONTRIBOTING TO	DEATH BOT	NOT KED	ATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PA	KI 1(0)	PERFO	RMED?
O HE ETHER, NOTE	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D. (Enter i	nature of injury i	n Part 1 ar Par	t II of item 18.)		7/12		
20c. TIME OF INJU Hour o. ft. p. m.	RY Month, Day, Yeo	20d. It While at worl	NJURY OCCURRED  Not while at wark	20e. PL fo	ctary, stree	NJURY (Hame, fai et, office bldg., e	tc.)			(County)		(State)
21. I certify the alive an 12.	hat I attended the	decease			occurr	9 <u>57</u> , ta <u>l</u> ed at4:00	ADDRESS (S	n the causes of treet, city or town, PTTAL (1)	and an	the da	ite state	decease ed abave ATE SIGNE , D . C .
PHYSICIAN'S NAME (Type)	MAJAS L. I	PICUS	CAPT, US	5 m (1	C)	**********						
220. BURIAL, CREMATIC BREMOVAL (Specify	ON, 226, DATE THEREO	57	BOOK!	11	R CREMA		1 7 2	TION (Gity, town,	SO,	Em	glas	id
23. FUNERAL DIRECTOR	es signature	00.1	Nashme	iton	200		C'D BY REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	

MARYLAND STATE DEPARTMENT OF HEALTH BASTIMORE, 18

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
08762	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

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00.00	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY PRINCE SEORY & MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  OCOUNTY  BING  OCO  OCO  OCO  OCO  OCO  OCO  OCO  O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	6. STREET ADDRESS 4/22-46 that
3. NAME OF DECEASED (Type or print) LOTTICE	Domlas 4. Date Month Day Year Domlas DEATH Aug 24 1957
F C WIDOWED DIVORCED	8. DATE OF BIRTH  Oct 13 - 1885  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.    Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10bKIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  MUINK Md. (1.5. 17
13. FATHER'S NAME/ Flowman Reese	14. MOTHER'S MAIDEN NAME CAPPEZINE CONGUAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give wor or dates of service) (16. SOCIAL SECURITY NO. 17. III	nformant address addre
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OUE TO	tosis Interval Between ONSET AND DEATH Zypars
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.  (b) IVIA my no DUE TO  (c)	eary (a
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  206. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	D. (Enter noture of injury in Port I or Port It of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram Aug 17 alive on Aug 21 1927, and that death  ACTUAL SIGNATURE Dernue C Baburan	occurred at 250GM, from the causes and on the date stated abave.  ADDRESS (Street, city or town, state)  M.D. 1516  ADDRESS (Street, city or town, state)  DATE-SIGNED
Marie (1)(a)	man MID.
220 EURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMENTS	Chapel Moinkink Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 467 Not	240. REGISTRAR'S SIGNATURE DATELIG 2 8 57

BUREAU V. S. VNC 58 1021

08777

Item 18

		00	010	<u> </u>						Reg. Dist.	. No.		
1. PLACE o. COI	OF DEATH	ince Geo	rges	MA	RYLAND	o. STATE	yland		lived. If instituti b. COUNTY				
b. CIT	Y OR TOWN (IF	outside corporate	limits, write	c. LENGTH OF ST	AY IN 1b				ote limits, write R				
lppe				2 months		-Union i	arlb	oro	×2				
d. NA OR	INSTITUTION	AL (If not in hospite )lst USAF		LON	on AFB	d. STREET A	147 -	Box, 2	7 /				DENCE FARM?
3. NAME		7200 00:11	First	Mid		los		4. DATE		41			
(Type	or print)	LLILII		LOU:	ISE	DO	iI	OF DEATH	August		21	1	eor 1957
5. SEX	-			RRIED NEVER MAI	_	. DATE OF BIRTH			9. AGE (In years lost birthdoy)	Months D	YEAR	Hours	R 24 HRS. Min.
	nale	- Cau			CED	2 June 1			yrs.	2 1	À.	HOURS	MIII.
avrin	AL OCCUPATIOng most of work	ing lite, even it reti	red)	ot Applica			ACE (Stote		untry)			Sta	country?
13. FATHE	ER'S NAME					14. MOTHER'S					-		
Law	rence I	loger Dow				DeLor	is J.	Robins	son				
15. WAS (Yes, no. or	unknown] [	IN U. S. ARMED I	ORCES? 1	6. SOCIAL SECURITY I	400	FORMANT La	awren	ce A. I	OW Add	ress 12th	er		
						1, 20 X1	1219	upper !	arlboro	g Co			
1B. 9	PART I. DEAT	TH WAS CAUSED E	Y: C	ine for (o), (b), ond (ongenital	abnorm				neart.		ONS	RVAL BET ET AND nlmo	DEATH
Co	156,2 nditions, if an	DUE	TO M	inimal Pul	1 . 1 1 1 1 1	y Conge			141111				
gov	re rise to in se (o), stoting t	nmediote					7.7.7.7			_			
-	g couse lost.	,	(0)	inimal lyn					he bowe				
CERTIFICATION OB OC OB OC				CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART I	1(0) 15	PERFOR	RMED?
	ACCIDENT WAS CONTRIBUTING THER, NOTIFY	UNDERLYING CONTROL CAUSE OF DEA	7H R) 20b. DI	SCRIBE HOW INJURY	OCCURRED	. (Enter nature of	f injury in	Port I or Port	Il of item 18.)				
WEDICAL 20c. I	Hour a. 51. p. m.	Month, Day,	Whi	INJURY OCCURRED  Not while ork at work	20e. PLA foct	CE OF INJURY (I ory, street, office	Home, farm bldg., etc	n, 20f. (City	or town)	(Co	unty)		(Stote)
21.	I certify the	at I attended t	he dece	sed fram 21 1	umst	1957	. ta21	nust	, 1957	that I la		w the	deceases
aliv	e on See	reverse :	siden	/					the causes of				
-		A	0/	7	ar acam	accorred ac.			eet, city or town,		a dai		TE SIGNED
ACTU	JAL ATURE	Winn	401)	Molin	A	101st	770	Hosp,	1 1 1 1 1 1 1		2]		1957
	11					Washin	gton	25, D.	C.				
PHYS	E (Type)	VIN L	SIII.	CAPT., USA	F(MC)	14:01st			indrews .	FB, Wa	ash	25,	D.C.
220. BURI		8-27-		22c. NAME OF CE	METERY OR	CREMATORY			ON (City, town, o			(Stote	
23. FUNE	RAL DIRECTOR'S			ADDRESS			04- 955	DANGEOISTE	AND 24 BEET	TRARISISION	470	ing	lan
2	20. Z	hambe	us le	. 517-1	1 4	1.0.8.	DATE	Dree Et GISTR	240. 404	A WAN STORY	1		
TVV	VVV	VXVV					AU	JG 2 3 5	· Win	- <del>(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE

OIRECTOR: After this certificate has been signed by the attending physician and campletely filled

page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

21 August 1957: Deceased arrived at 1401st USAF Hospital, Andrews Air Force Pase, Washington 25, D.C., at approximately 7:30 Ai 21 August 1957.

I certify that deceased was DOA and I confirmed same at approximately 0730 hours 21 August 1957.

Marin P Gurhin MRVIN E. HASKIN CAPT., US F (MC)

BUREAU V. S.

BECEINE

Pince Ducrets \*000 - VI all reliadority at mer an example of the first from Darson Common south Tobart on Markey Control and Justini tales | delonging | ale . . . Survey Course Ecourt Military Royand The Cologny Bouce ad Pens arrivits Vincitude in moldenoista excesser . Justin gni more adina cilibration record densit in and of affiliations in the constant of the last BUREAU V. 2 Total I Star T. Malency, R.D. VICE SS 1821 set the many characters that the second will be

0877924 CERTIFICATE OF DEATH 08764 Rea. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY MARYLAND RINGE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should 6 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO nem oria NAME OF 4. DATE Middle Month Year Day DECEASED (Type or print) DEATH 195 S. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours mal WIDOWED [ DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? erchan carbon 14. MOTHER'S MAIDEN NAME 13, FATHER'S NAME dalene Sellner 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line\_fpr (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) Hour o. m. foctory, street, office bldg., etc.) While Not while of work at work 21. I certify that I attended the deceased from Lithat I last saw the deceased alive an , and that death occurred at M. Aram the causes and on the date stated above. ADDRESS (Street, city of fown, state) DATE SIGNED ACTUAL pino PHYSICIAN'S NAME (Type) n 220. BURIAL CREMATION. 22b. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY 22d-toCATION (City, town-or county) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240: REC'D BY REGISTRAR - 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4NG IS 1021

DIBEVN A. Z

# FOR STATE HEALTH DEF director. Page for your files. M TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pecess executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fund direct a should be used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your programments of Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08765

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08780

				Keg.	DIST. NO.	
I. PLACE OF DEATH G. COUNTY	MARYLAND	2. USUAL RESIDENCE (V				e admission)
b. CITY OR TOWN (III outside corporate limits, write RURAL gripe moterat layer)  Cheverly	c. LENGTH OF STAY IN 1b  Transient	c. CITY OR TOWN (II		limits, write RURAL o	and give near	rest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi Prince George's General F		d. STREET ADDRESS  14 South	Main			IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Herbert	Middle Francis	Ford	4. DATE OF DEATH	August	10	Year 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		May 6, 191	foil	E  In years   IF UND   birthday  Months 47 yrs.	-	UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	nd of Business or Industrate		or foreign country)			WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN			0. 1	7. A.
Leslie Ford		Nellie Ch	esse			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  Yes, no, or unknown)   If yes, give wor or doles of service)		ormant anette L. E	ernier.	149 Burr	-	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II, OTHER SIGNIFICANT CONDITIONS CON	oound fracture		•		ART 1(a) 19.	WAS AUTOPSY PERFORMED?
20a. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING	HOW INJURY OCCURRED (Ent	er nature of injury in Par	t I or Fort II of iten	1 18.)		NO 🛣
CAUSE OF DEATH.  OCCUPA  20c. TIME OF INJURY Month, Day, Year 20d. IN While			n. 120f. (City or for	vn) (C	County)	(Stote) orge's Mo
21. I certify that I took charge of the re opinion death resulted from: Natural co			y ], Inspect Homicide ],	Undetermined	monner	ond in my
SIGNATURE COMMENT D.	N DOM	M.D. CHIEF MEDICAL EX			D	ATE SIGNED
EXAMINIER'S   James I. Boyd	U	DEPUTY MEDICAL	EXAMINER	Augus	t 12,	1957
220. BURIAL, CREMATION, 22b. DATE THEREOF Pransportation 8/12/57	Laconia	REMATORY	70	Hampshir		(State)
23. FUNERAL DIRECTOR'S SIGNATURE 4. Gasch's Sons Hyatt	sville, Md.	24o. REC'	of 15 57	QUALES!		

- Interest Interest a various contri 312013 bank of test Shoutewrat Marinieres 1 collocation of marke L. Dermice, Westerday, John W. be share building the est to end and and anopposit modelatur no bost as all new local pirdercion is lo inschaso Distance Secrete and a BUREAU V. S. 1961 21 911 . With a collection of the col

#### FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If ony delay innecessory, please execute execute certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fundification. Page 4 shault. Forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08766 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08781

	• • • • • • • • • • • • • • • • • • • •							Reg. Dist	No.	_
1. PLACE OF DEATH				2	. USUAL RESIDENCE (	Where deceos				e admission)
	e George's		MARYL	AND	o. STATE Wew Ha	mpshi	re b. COUNTY	elkna	p	
b. CITY OR TOWN I	If outside carparate fimits, write in)	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I					rest fown)
Chever			2 days		Laconia		66 X -3	3		
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hospi	tal, give street address	)	d. STREET ADDRESS				e	N A FARM?
Prince Geo	rge's				14 South	Main			1	YES NO X
3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Month	1	Doy	Yeor
(Type or print)	Lucill	e N	latilda	- 1	Ford	DEATH	August	1	2	1957
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH		Lost highlydaut	FUNDER 14	-	UNDER 24 HRS.
Female	White	WIDOWED	DIVORCED [	] X	xxx26, 19	15	42 yrs.	Months Do	ys H	lours Min.
10a. USUAL OCCUPATI	ON (Give kind of work dong life, even if retired)	one 10b. KII	ND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZE	N OF V	WHAT COUNTRY?
Housewife		Ow	n Home		New Hamp	shire		U.	S.	A.
13. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
Harold	Stickney				Selina B	elwar	9			
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFO	RMANT	14	49 Burran	gton	Str	eet
No	(it yes, give wor or outer or te		one	Jai	nette Bern					
18. CAUSE OF DEA	ATH [Enter only one cous	e per line fo	r (o), (b), and (c).]						INTERVAL	L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Pul	monary Ed	ema					ONSET A	IND DEATH
814.X	IMMEDIATE CAUSE (0)			-						
Conditions, if o	DUE TO	Fra	cture of	the	alm 11					
gave rise to imme	diate couse	LAC	cture or	CITE &	SKULL					
(a), stating the										
	HER CIGNISICANT COND	TIONS CON	STRIBUTING TO DEATH	TOTAL THE	DELATED TO THE YERIA	IN LA L CLICT ACL	CONTRICTOR			
PART II. OT	HER SIGNIFICANT COND	TIONS COP	TRIBUTING TO DEATH	BUINOI	KECATED TO THE TERM	INALDISEASI	E CONDITION GIVE	N IN PART 1	(a) 19. \	PERFORMED?
5									YES	□ но 🗷
PART II. OT	NTRIBUTING []	. DESCRIBE	HOW INJURY OCCURE	RED. (Enter	nature of injury in Par	t I or Part II	of item 18.)			
		Occur	ant of an	auto	omobile th	at was	s in an h	ead o	n_c	ollisio
20c. TIME OF INJU	JRY Month, Day, Year	While	JURY OCCURRED 720	factory.	omobile the of INJURY (Home, form street, office bldg., etc.	n, i 20f. (City	ar town)	(Count	y)	(Stote)
8:10 .m.	8/10 157	at work	Not while at work	Roi	ite # 301	Ha.	ll Pri	nce G	eor	ge's Md.
21. I certify t	hat I taak charge	of the re	mains described	abave,	held an Autaps	y 🔲, Ir	spection ,	Inquiry		and in my
opinion death	resulted fram: N	atural co	uses . Accid	ent 🎵	Suicide .	Hamicide	T. Undeterr	mined mo	nner	П
		0		M	7					
ACTUAL	ann and	7	1 Jan	AX.	CHIEF MEDICAL EX	(AMINER			D	ATE SIGNED
SIGNATURE		0	1 00		ASSISTANT MEDIC	AL EXAMINE	R 🗖			
EXAMINER'S NAME (Type)	James I. B	loyd		V	DEPUTY MEDICAL		_	ust 1	2,	1957
220. BURIAL, CREMATIC	ON. 226. DATE THEREOF	2	2c. NAME OF CEMETER	RY OR CRE	MATORY	22d. LOCAT	ION (City, town, or	county)		(Stote)
ransportat	ion 8/12/5	7	Laconia				w Hampsh:			
23. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	7.1	240. REC'	D BY REGIST	RAR 24b. REGIST	RAR'S SIGN	ATURE	
F. Gasch	's Sons Hy	attsv	ille Md.		DATAU	15 '57	Dans	~ /	7	
					17100		UU-L,	duch		

AND AND STATE OF SKITCH SIZE STREET, AND STATE SHARPS AND STREET, AND SKITCH SALES AND SKIT wingcost control wines Gaspand a surv El land de la land de To M. Ph. (1975) a Period Line L. Commission of the Commission of Children of the control of the contr American Strain Lot Tractimus and the ormidant MARKALLED HOLDERS BEING THE SEE SAME DATE: DESCRIPTION DE LA TREATMENT DE LA COMPANIE DE LA COMP . Man at segment annual track of the control of the BUREAU V. A. 2961 91 5ni to a selection of Employee made of popular and

Part of the second N. W. S. & P. S. & in the second of the second of BUREAU V. S. Sange in Sansapp 200 2 - 18 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

2Eb 3 1325



08784

08769

00,00							Reg. Dist.	No.	
1. PLACE OF DEATH 0. COUNTY				USUAL RESIDENCE (W	here decease	b. COUNTY		before odmi	(noise
PRINCE GEORGE	S	MARYLA	OND		ID.	5. COUNT			1
b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	nits, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF		rote limits, write f	RURAL ond giv	e nearest tov	vn) V
d. NAME OF HOSPITAL (If not in hospital,	give street o	ddrass)		d. STREET ADDRESS	. D.C.	41	X - 2	10.00	FEIDENICE
OR INSTITUTION  PRINCE GEORGES					R.T.	AVE. N.E		ON	A FARM?
	irst	Middle		Lost	4. DATE	Moi		D	Year
OECEASED (Type or print)	LARA			GRIFFITH	OF DEATH		UG.	8	1957
5. SEX 6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. C	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		-
F W	WIDOWED	DIVORCED		3-28-00		67 yrs.	Months D	ays Hours	Min.
100. USUAL OCCUPATION (Give kind of work	done 10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12. CITIZI	EN OF WHA	T COUNTRY?
Retired Clerk	ry Cl	eaning Pla	nt	Virgin	ia		U	SA	
13. FATHER'S NAME			ī	4 MOTHER'S MAIDEN	NAME			-	
Festus Br	ooks			Georgia	Clayt	or			
IS. WAS DECEASED EVER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INFO	RMANT		Add	Iress		
(Yes, no, or unknown) (If yes, give wor or dates of		8 01 0922	Jo	seph Brook	s W	oodford	Virgin	nia.	
18. CAUSE OF DEATH [Enter only one of	ause per line	(a), (b), and (c).)	_	0		1 1		INTERVAL E	BETWEEN
PART I. DEATH WAS CAUSED BY:	. /	AM CER	61	CORU	11x 7	Mola	1000	ONSET AN	D DEATH
17/X DUE TO		20,000	X			/	2 1 4,424-0		7,70
Conditions if one which )	b) [	bemia	_ 0	recordan	to 6	y dero	role Ros	i /	YOS.
gove rise to immediate		1	-	11		10			
cause (o), storing the under-	c)	tremia	-,	"	7 74	celigns	ency	Y	R.
PART II. OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	VEN INVART I	PERF	S AUTOPSY ORMED?
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY OCC	URRED. (E	inter nature of injury in	Port I or Por	I II of item 18.)			
3 20c. TIME OF INJURY Month, Doy, Y	ear 20d. IN.	JURY OCCURRED 26	De. PLACE	OF INJURY IHome, form	n, 20f. (City	or town)	(Co.	unty)	(Stole)
ZOC. TIME OF INJURY Month, Doy, Y Hour a.m. p. m. 19	While of work	Not while	foctory	, street, office bldg., etc	:.)		120	,,	,5.5.5/
\$ p. m. 17	of work	of work		/	-	/			
21. I certify that I attended the	e decease		ust.	, 1906, ta	6-1		Z,that I la		
alive on	, 195	Z, and that d	eath ac	curred at \$5:11	OPM, from	n the causes o	and an the	date sta	ted above
	. /	20		0	ADDRESS (S	reet, city or town,	stote)	~!	DATE SIGNED
SIGNATURE SIGNATURE		Xhen	M.D	705	Then	idau	St	8/	9/50
PHYSICIAN'S NAME (Type) Dr. Arnold	Lear			Hutt	ule	se, hi	d	7	///
220. BURIAL CREMATION. 226. DATE THERE		22c. NAME OF CEMETE	RY OR G	MATORE.	22d. LOCA	TION (City, town,	or county)	(\$1	ote)
REMOVAL (Specify) Burial 8/12/5		Arlington				ington V			
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			D BY REGIST		STRAR'S SIGN		
F. Gasch's Sons	Hyat	tsville Ma	ryla	nd. DATE AL	jg 13 "	57 1802	Corrie	/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNE VS A15 (4) 15M 9/SS

may be regined by the hospital ar attending physician.

• FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, TE CERTIFICATE OF DEATH

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VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08785 08770 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE		ased lived. If institu		
h CITY OF TOWN	Prince George Ulff outside corporate limits, write		MARYLANI	Ma	ryland		CATAG	
and give nearest t	own)	FRURAL	c. LENGTH OF STAY IN 15			rporote limits, write		
	erly					d Post Of	fice d	
	PITAL OR INSTITUTION (			d. STREET ADDRE	ESS			e. IS RESIDENCE ON A FARM?
Prince	Georges Gene	ral H	ospital					YES NO
3. NAME OF DECEASED	Fire	sf	Middle	Lost	4. DATE OF	Mont		oy Year
(Type or print)	Alfred		Anderson	Gross	DEATH	August	12,	19 57
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH		9. AGE [In years legt birthday]	IF UNDER TYE	
Male	Colored	WIDOWE	D DIVORCED	Sept. 6,	1905	51 yrs.	Months Days	Hours Min.
100. USUAL OCCUPA	TION (Give kind of work rking life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (	State or fareign	country)	12. CITIZEN	OF WHAT COUNTRY
Farme			Farming	Maryl	and		U.S	S.A.
13. FATHER'S NAME				14. MOTHER'S MAID				
	Everett Gros	19		Eliza	Wall			
	EVER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
[Yes, no, or unknown]	(If yes, give war or dates of	service)		Etheline G	*****	eme eddre		
ISE CAUSE OF D	EATH   Enter only one cou	an and line	for fol (b) and fol 1	Penerma o	1000	and addition		STERVAL BETWEEN
Conditions, if gove rise to implicate to implicate the course test.  PART II. Co	mediate couse e underlying DUE TO (c)		ardiovascular			SE CONDITION GIV	/EN IN PART 1(o)	PERFORMED?
CAUSE OF DEAT	ONTRIBUTING		HOW INJURY OCCURRED.					YES NO
20c. TIME OF IN Hour o. r	m.	While		ACE OF INJURY (Home, ctory, street, office bldg.	form, i 20f. (Cit	ty or town)	(County)	(State)
21. I certify	that I taak charge	af the r	emains described ab	ove, held an Aut	opsy [],	Inspection A,	Inquiry	I, and in my
	th resulted from: 1	Natural c	causes X, Accident	, Suicide	, Homicide	e, Undete	rmined mon	
SIGNATURE	John J	M	aloney	M.D. CHIEF MEDICA	AL EXAMINER			DATE SIGNED
EVALUATE /			. /	ASSISTANT ME	EDICAL EXAMIN	ER 🔲		
EXAMINER'S	John T. Ma	aloney	, M.D.	DEPUTY MEDI	CAL EXAMINER	K) Aug	ust 12,	1957
220 BURIAL) CREMAT	TION, 226. DATE THEREO		22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCA	ATION (City, town,	or county)	(State)
	Giva. 15,	57	13-mooks		35	land be	eek	71,4
23. FUNERAL DIRECT	OR'S SIGNATURE	00/	ADDRESS	240.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNAT	TURE
17	, Serve	W. (	In theder	Jek DATI	E 8-11	WA A	· 16.60	and
					AUG 2	0 '57	21.0	/

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VS. A1SME 5M 2/S7

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08771 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	, , , ,							Reg. Dist. No	0.
PLACE OF DEATH				1 2	USUAL RESIDENCE (V	Where deceased liv			
o. COUNTY	nce George	8	MAI	RYLAND	o. STATE Marvl	and	b. COUNT	Prince G	eorgets
	If outside corporate fimils, wri		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (II	l autside carporate			
Cheverly			Dead on a	rrival	. West Hy	attsville	15		
Maria Taranga	PITAL OR INSTITUTION		spital, give street addr	955)	d. STREET ADDRESS	mb and	1	-	e. IS RESIDENCE ON A FARM? YES NO DE
	orge's Gene				2024 Ritte				
NAME OF DECEASED (Type or print)	Robert	nt Hampt	Middle	Hall	Lost	4. DATE OF DEATH	Month August	11 Doy	19 <b>57</b>
. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 8. DA	TE OF BIRTH	9. A	GE  In years	IF UNDER TYEAR	IF UNDER 24 HPS.
Male	White	WIDOWE	D DIVORCE		S pt 22, 1		LO yrs.	Months Days	Hours Min.
	TION (Give kind of wark king life, even if retired)		CIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Slole	or foreign country	')	12. CITIZEN C	F WHAT COUNTRY
Butcher			&P Stores		Virginia			U.	S. A.
3. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME			
	Hell?				Lilly Wad	ie			
5. WAS SPECIALED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO	D. 17. INFO	RMANT		Address	_	
Yee, no, or unknown)	(If yes, give war or dates of	I service)		C	lara H. Hal	ll, same	as #	2	
			£ 4 × 40 × 44 × 3					Lan	
	EATH [Enter only one co	iuse per line	for (o), (b), and (c).					ONS	RYAL BETWEEN ET AND DEATH
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Hen	orrhage ar	nd shoe	ale				
823X	DUE TO								
Canditions, if	ALL ALLAN		CHARLES TON	10.0		1 - 2 -	1 42		
gave rise to imr	mediale cause			<b>d18</b> 100	cation of t	ine 3rd a	na 4th	CSLAICT	
(a), stating the	underlying DUE TO	ver	rtebrae						
couse lost.	) (c								
PART II.	OTHER SIGNIFICANT CON	ADITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	ADITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3									YES NO
200. EXTERNAL OF CAUSE OF DEAT	CAUSE WAS 2	Ob. DESCRIB	E HOW INJURY OCC	URRED. (Enfer	nature of injury in Par	rt I or Part fl of ite	m 18.)		
CAUSE OF DEAT	ONTRIBUTING		A						ad array
	JURY Month, Day, Ye	204	INTERVOCCUERED	20e PLACE O	obile that	PHI OIL	roud_	(County)	ed over.
20c. TIME OF IN		While	e Not while	factory,	street, affice bldg., etc	:.)		(Coonly)	(31014)
	0/11		ark at work	Road				oro P.G	. Md.
21. I certify	that I took charge	e of the	remoins describ	ed obove,	held on Autops	sy 🔲, Inspe	ctioner,	Inquiry	, ond in my
opinion deat	h resulted from:	Noturol	couses $\square$ . Acc	ident 📆	Suicide .	Homicide .	Undete	rmined monn	er 🗍
(		10		0					
ACTUAL		1	15-	ax	_ CHIEF MEDICAL E	XAMINEP [			DATE SIGNED
SIGNATURE	Kline		1 400	-	LD.				
EXAMINER'S					ASSISTANT MEDIC	_		and the same	
NAME (Type)	James I.	Boyd			DEPUTY MEDICAL	EXAMINER 5		August 1	
									1,1957
	TION. 226 DATE THERE	OF	22c. NAME OF CEME	ETERY OR CRE	MATORY	22d. LOCATION	(City, town, o	or county)	1,1957 (Stote)
REMOVAL (Speci		OF 157						~	25
REMOVAL (Spec	8/14/	of 57	Cedar Hi		metery	Prince D BY REGISTRAR	e Geo	rges Co	unty, Mo
REMOVAL (Spec	OR'S SIGNATURE	57 -290	Cedar Hi		emetery	Prince 'D BY REGISTRAR	e Geo	rges Co	unty, Mo
REMOVAL (Special Special Speci	OR'S SIGNATURE	57 -290	Cedar Hi	.11 Ce	metery	Prince 'D BY REGISTRAR	e Geo	rges Co	unty, Mo

MEDICAL EXAMINERS CERTIFICATE OF DEATH 51 C 20 C COG ... all ivating than I what no had Medical Personal Company Company and facilities of a color pinight symta 444 idlig while Clark N. Holl, centeral P. C. A Le limonringer and chock of other or the branches and low not deportation been organized. views been I been have the man dad't alidesoften he to meet al Wett BUREAU V. E. 40€ 18 182V

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VS A15 (4) 15M 9/55

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1	9	7		/-
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	L	FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director.	ed with	(
death.		nerol o	d be fil	(
after		the fu	should	
hours	1	1	and 2	
110 24		filled ,	oges 1	
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eath ce		guipu	eose r	hin 72
the de		he other	hen pl	ent wil
s that		d by 11	nit. T	uny eve
require	on.	signer	sit perr	he registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death,
MD	hysicie	1s beer	ol-tran	ovol, o
N: The	ding p	ate ha	e burie	r remo
LSICIA	r atten	certific	e as the	tion, a
G PH	o lotic	er this	for use	cremo
ENDIN	he has	R: Afte	oched	burial,
K ATT	nay be retained by the haspital or attending physician.	RECTO	be det	or to
MIN	atgine	ğ	plas	ror pri
OSPI	y be	CNE	ge 3 3	regist
C	0	-	8	he

	MAKILAND SIATE DEPAKTA	18788
	08772 CERTIFICA	ATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH D. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE  Md.  Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town A, Zhaure	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAl (If not in haspital, give street address) or INSTITUTION frence Heary Hensel	3/2/ Jackway Theil YES NOTES
	NAME OF DECEASED (Type or print)  First Rurley H.	Harms DEATH Rug Day Year DEATH Rug 15 1951
-	Male 6. COLOR OF RACE 7. MARRIED [ NEVER MARRIED ]  WIDOWED DIVORCED	B. DATE OF BIRTH  June 29, 1894  9. AGE (In year)  lift UNDER 1 YEAR IF UNDER 24 Hrs.  Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work done during most of working life, even if spired)  Retired  Retired	JSTRY 11. BIRTHPLACE (State or foreign country)  Tennessee  U. S. A.
3.	FATHER'S NAME  Carl T Harms	14. MOTHER'S MAIDEN NAME Bessie Mc Cowan
	WAS DECEASED EVER IN U. S. ARMED FORCES?  1. no. or unknown)  (If yes, give war or dates of service)  Ves  17. 1	Wife Maude W Harms Address Charles
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED 8Y:	he men has a Interval Between ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the under-	sur Cardias asculu de con.
CAHON	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 2 NO 1
CERTIFI	20g. ACCIDENT WAS UNDERLYING ACCOUNTED OR CONTRIBUTING ACCUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. Pl While Not while at work 19 at work 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 5-/ alive on 8-15, 1957, and that death	n accurred at 9 35.M, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNE
	SIGNATURE Wolde B Mayors	MO. 3503 Perry St. 8-16-5
22.	PHYSICIAN'S Waldo 13. Moyers	Mt, Rainier Md
	BURIAL, CREMATION, PRINCE PROPERTY OF PROP	
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS  F. Gasch's Sons Hyattsville, Md	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE AUG 19 57 CIB-CALLED
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V		000	10	CERTIF	ICA	E OF DEATH	1		R	Reg. Dist.	No.	
1	PLACE OF DEATH	ice Georges		MARYL		USUAL RESIDENCE (WHO ISTATE	-	l lived. If in b. COI		Residence I	before admis	ision)
	b. CITY OR TOWN (IF	autside carporate lim		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o		ote limits, w	rite RUR	AL and give	nearest taw	n) V
	Glenn Dale	/ - \		2 mos. & :	Ili da	ys Was	hingto	n	47.	. 3		
	d. NAME OF HOSPITA OR INSTITUTION Glenn Dale		ive street	address)		d. STREET ADDRESS 312	60th	St., 1	V.E.	, #A	ON	SIDENCE A FARM?
3.	NAME OF DECEASED	Fi	st	Middle		Last	4. DATE		Month		Day	Year
L	(Type ar print)	Wi	liam	-		Harris	OF DEATH		3		17	19 57
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In )		Aonths Do	EAR IF UND	-
	Male	Negro	WIDOW			0/31/97		59	yrs.		-	-
10	during most af worki	N (Give kind af wark ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	ar foreign co	ountry)				T COUNTRY
122	Steam Engi	neer	Ar	lington Tow		Ga.	14115			USA	1	
13						14. MOTHER'S MAIDEN N						
15	William Ha		CES2 14	SOCIAL SECURITY NO.	17 10150	Sarah H	ouriso	n	Address			
IY.		f yes, give war or dates of							Address			
=	TIO CALLES OF DEAT	M feata aslu ass a		Unknown ine far (o), (b), and (c).]	l nec	edent					INITERVAL D	CTIMEEN!
	PART I. DEAT	H WAS CAUSED BY:	41		FIL	CARCINO	MA	DATI	10		INTERVAL B	DEATH
	163x	IMMEDIATE CAUSE (c				٥١٨٥١٠٠٥١	77	SUIT		Cho.	5	1403.
	Conditions, if an	DUE TO										
	gove rise to im	mediote (										
	lying couse last.	he under-								120		
Z			-	CONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERMI	INAL DISEASE	CONDITIO	N GIVEN	IN PART 1	o) 19. WAS	AUTOPSY
CERTIFICATION											YES D	ORMED?
E	20a. ACCIDENT WAS	UNDERLYING [	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter noture of injury in I	Port I or Port	II of item 18	B.)		1	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye			Oe. PLACE	OF INJURY (Home, form	20f. (City	or town)		(Cau	nty)	(Stote)
MED	Hour a.m.	19	While at wa		raciai	y, street, affice bldg., etc						
	21. I certify the	at Lattended the	decea	sed fram6/3/	57	, to8	/17/57	3.0	) 1	that I las	t saw the	decense
	alive an	8/17/57	. 10	1-1		ccurred at 9:57						
							ADDRESS (Str					ATE SIGNE
	ACTUAL	house	ma	M	M.I	Glenn	Dale H	lospita	al		8/1	7/57
	PHYSICIAN'S											
L	NAME (Type)					Glenn	Dale,	Md.				
22	o. BURIAL, CREMATION	N. 226. DATE THERE	F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCAT	ION (City, to	own, or o	county)	(Sto	te)
-	Kemorol	8/19/	17	Woodlaen	4		Was	hingto	n,	D. C.		
23	FUNERAL DIRECTOR'S	SIGNATURE	^	ADDRESS			D BY REGISTE	RAR 246	REGISTA	AR'S SIGN	ATURE	
1	7. 1. (1) 0,4%	maton	Son	467 N	Stil	n.w. DATE	ou o I	. U	M	educ	4	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MA	RYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BALTIMORE,	18
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	00110							Reg. [	list. No		
1. PLACE OF D o. COUNTY	Prince	Georg	e's mar	YLAND	2. USUAL RESIDENCE ( o. STATELLI Chi		ed lived. If institution b. COUNT		ence bel		ssion)
b. CITY OR T and give no Cheve	OWN (If outside corporate limits, waterest town)	rite RURAL	Dead or	0.	c. CITY OR TOWN (	If outside corp	porote limits, write	RURAL on	d give n	earest to	wn) 🗸
	HOSPITAL OR INSTITUTION	(If not in ho		as) _	d. STREET ADDRESS	Whit	horn	7 X	3		ESIDENCE A FARM?
			1							YES [	) NO [
3. NAME OF DECEASED (Type or prin		irst	Branson	Hi	att	4. DATE OF DEATH	August		Doy	Y	ear 9
5. SEX	6. COLOR OR RAC	7. MARRI	ED NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE	1YEAR	IF UND	ER 24 HR
Vale	White	WIDOWE	D DIVORCED		Feb. 12,	1909	40 yrs.	Months	Days	Hours	Min.
10a. USUAL OC during most of Mechan	CUPATION (Give kind of wor of working life, even if retired nical Engin	)	Naval Gur	-		e or foreign co	ountry)	12. CI1	IZEN O		COUNTRY
13. FATHER'S N	IAME				14. MOTHER'S MAIDEN	NAME					
Geo	orge W. Hia	tt			Pearl	Carma	n				
15. WAS DECEA	ASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.		ndrew E.	Breuh	an Detr	oit,	romi Mi	ng ch	Ave
	OF DEATH [Enter only one of I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (			ary	occlision				INTER	VAL BETWE	EN
420	,		Candi	27726	cular ren	ol di	2222	9-12			144
	s, if ony, which)	)	OGI GI	JVCLD	Calai i en	CLA ULA	neane				
	the underlying DUE TO	c)									
PART  PART  20a. EXTERN PRIMARY CAUSE OF	II, OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED?
	OF COMIKIBUTING L.I	POb. DESCRIB	E HOW INJURY OCCUI	RRED. (En	er noture of injury in Po	rt I or Port II o	of item 18.)				
20c. TIME C	o. m. p. m.	While		0e. PLACE factor	OF INJURY (Home, forry, street, office bldg., etc	m, 20f. (City	or town)	(Co	unty)		(Stote)
21. 1 ceri	tify that I taak charg	e af the i	remains describe	d abav	e, held an Autaps	y 🗍, In	spection ,	Inqui	ry Fol	and f	find the
death re	sulted fram: Natural	causes [	Accident [	, Suici	de [], Hamicide	e 🔲, Un	determined o		].		
ACTUAL	Jame	1 4	of day	A	M.D. CHIEF MEDICAL E.	_	TRAC			DATE S	IGNED
EXAMINER NAME (Typ	James	I. E	Boyd		DEPUTY MEDICAL		A	gust	13,	19	57
220. BURLAL CB REMOVAL (	Specify)	1957	22c, NAME OF CEMET	ERY OR C	REMATORY	22d. LOCAT	ION (City, town,	er county)	lic !	(Stote	ani
23. FUNERAL DI	RECTOR'S SIGNATURE	one	DODRESS 1300	yagy	DX -	D BY REGISTR		STRAR'S SK	SNATUR	5	2014
much	are me it		1000	11	DATE A	UG 14 '5	1 400		-		

VS. A15ME(5) 5M 9/55

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08776 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o-COUNTY filed b. COUNTY MARYLAND erol c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 e e \*URAL and give neasest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO NAME OF 4. DATE Middle Day Yeor DECEASED OF 02 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Days Hours WIDOWED DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) pup 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME offer 200 physician 11 6 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (If yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per ling. (or (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (Slote) (County) foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from, \_\_\_\_, 19\_\_\_\_,that I last saw the deceased alive on and that death occurred of DM, from the causes and on the date stated above. ADDRESS (Street, city,or town, state) DATE SIGNED ACTUAL 0 PHYSICIAN'S NAME (Type) FUNES DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220 BURIAL CREMATION. REMOVAL (Specify) 0 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

AUG 13 1957

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0879508820 CERTIFICATE OF DEATH Reg. Dist. No No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed o. STATE b. COUNTY MARYLAND Prince Georges Pro b. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 2 MOS. pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should Glenn Dale (rural Washington d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS ON A FARM? haurs YES NO F Glenn Dale Hospital Brandywine St.. NAME OF First Middle 4. DATE Last Month Yeor filled DECEASED OF (Type or print) DEATH Theodore 8 19 57 James 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED DE DE L'OR L'ALLE MIDOWED DIVORCED DIVORCED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min Male White 10 papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) National Betective Special police detective puo Tenn. USA carbon 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician Beulah Sheckelford Dunkin James remove hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Unknown Decedent ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a. PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) L davs Pulmonary hemorrhage DUE TO 2 permit. Pulmonary tuberculosis Conditions, if ony, which Vrs. been signed gave rise to immediate DUE TO couse (o), stoting the underpuo lying cause lost buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? Chronic empyema, left; cor pulmonale YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. 11. While Not while of work p. m of work \_\_ 19 56 to 21. I certify that I attended the deceased from... ... 19.57 that I last saw the deceased toched and that death accurred at 1:10 AM, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stote) DATE SIGNED 0 ACTUAL Pe prior Glenn Dale Hospital P PHYSICIAN'S registrar NAME (Type) Moe Weiss. 3 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coupty) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE AUG 8 15M 9/55

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University and the state of the

08777 CERTIFICATE OF DEATH  Reg. Dist. N	08796
1. PLACE OF DEATH o. COUNTY PRINCE GEORGE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institutions Residence be o. STATE b. COUNTY prince	George.
RURAL and give nearest town) 4 days 14 College Park	e. 15 RESIDENCE
OR INSTITUTION Fugene Leland Memorial 5 Fifth STREET, Cherry Hill Traile	YES NO X
3. NAME OF DECEASED (Type or print) Marion Elbridge Jewell DEATH August	Day Year
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  White  White  Widowed Divorced Divorced Jan. 27, 1892  9. AGE (In years lost, birthday)  Months Days	AR IF UNDER 24 HRS. s Hours Min.
U.S. HRMY ENGINEER + Secretary ELKOR Maine	L.S.A
Frank Tewell Mellie Mansel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Chart	
	NTERVAL BETWEEN NSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last.  (b) Congellie Alast failure  (b) Congellie Alast failure  (c) Inthonorary formation, employeeus, as fluide	24 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work o	(State)
21. I certify that I attended the deceased from 1-10, 1953, to 8/11, 1957, that I last alive on 8-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, that I last alive on 8-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, that I last alive on 8-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and that death occurred at 12:10 A.M., from the causes and an the deceased from 1-10, 1957, and 1957, a	
ACTUAL RAT Jance M.D. 2513 Bucklonge Rol. ade	w/m/ 8/11
PHYSICIAN'S R.D. BAKER MD	
PEMOYAL (3poly) Chen 13: 1957 Herackashungan Cepulity (Tune Guna Co.	(State)
	1. PLACE OF DEATH  a. COUNTY  B. CITY OR TOWN If outside corporate limits, write  b. CITY OR TOWN If outside corporate limits, write  C. LENGTH OF STAY IN 16  B. CITY OR TOWN If outside corporate limits, write  C. LENGTH OF STAY IN 16  B. CALLY OR TOWN If outside corporate limits, write  B. COUNTY  B. CALLY OR TOWN If outside corporate limits, write  C. LENGTH OF STAY IN 16  C. CITY OR TOWN If outside corporate limits, write  B. CALLY OR TOWN If outside corporate limits, write  C. CITY OR TOWN If outside corporate limits, write  B. CALLY OR TOWN If outside corporate limits, write  C. CITY OR TOWN If outside corporate limits, write  C. CITY OR TOWN If outside corporate limits, write  B. CALLY OR TOWN If outside corporate limits, write  C. CITY OR TOWN If outside corporate  C. CITY OR TOWN

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may be Alained by the hospital or attending physician.

DEUNE: DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 mould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 mours ofter death.

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VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

	000		CERTIFIC	AIE OF DEAT	П		Reg. D	Dist. No		
o. COUNTY Pri	ince George	3	MARYLAND	2. USUAL RESIDENCE (W	/here decease	d lived. If instituti b. COUNTY			Geor	
b. CITY OR TOWN RURAL and give	(If autside carporate liminearest tawn)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rate limits, write f	RURAL ond	give ne	arest town	
4 NIANE OF HOLD	rince Geor	ges G	eneral	d. street Address 38 05-71st	Avenue				e. IS RESI ON A YES	
NAME OF DECEASED (Type or print)	Vernal	st	Middle	Kuhn lost	4. DATE OF DEATH	Mor 8-		21		9 57
Female	white	WIDOWE		B. DATE OF BIRTH 1-13-03		9. AGE (In years lost birthday) 54 yrs.	Months Months	Doys	Hours	R 24 HRS. Min.
during most of wo House	ION (Give kind of work rking life, even if retired WIIO	done 10b.	At home	Chicago,	or foreign o	ountry)		JSA	OF WHAT	COUNTRY
Anthony	Gretzner			Unknown	NAME					
None	ER IN U. S. ARMED FOR (It yes, give war or dates of s None	ervice)		arry L. Kuh	ın, 38	0571s	Dar A	ve.,		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	-	e for (a), (b), and (c).]	acture	W	est Lan	ham		SET AND	DEATH
570.5 Conditions, if	DUE TO	Si	testimal	Soluction	<u>-</u>				1	
lying cause last	the under- DUE TO	)								
PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF)	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(0)	PERFO!	RMED?
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Par	t II of item 1B.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	20d. In While of work	Not while	PLACE OF INJURY (Home, for factory, street, office bldg., et		or town)		(County)		(Stote)
21. I certify t	hat I attended the 8-21-57	decease		57 , 19 , to the description of the decoursed at 1:25		,	and on		ate state	
ACTUAL SIGNATURE	homas M.	Hute	hins	M.O. 73151	ando	ver Rd	Hyo.	Hsn	1/4,14	4000 (8
NAME (Type) 120. BURIAL, CREMATIC BURIAL (Specify	ON, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	or CREMATORY Nat'l Cem.,		TION (City, town, ington,			(Stote	·)
W. W. Cham			ADDRESS	24a. REC	O BY REGIST	RAR 24b. REGI		IGNATU	RE	

avinos Brisos Dicarius	. By the s		sagroad excl	THE RE
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· e			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO SHAPE THE PERSON NAMED THE PERSON NAMED IN COLUMN TO SHAPE THE PERSON	
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BUREAU V.	524,542 or 104.2 244,45 or 125.2 114.45	12.49.43 Substitute trans	n Ye-1146	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)								
	o. COUNTY	ince George	6	MA	RYLAND	NO O. STATE Maryland b. COUNTY Pr. Geo.								
		t outside corporate limits, writ		c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside cor	rporote limits, write	RURAL O	nd give r	nearest to	own)		
		everly		D.O.A.	) - H	X 2 C mp	Spring	79						
		AL OR INSTITUTION	If not in he			d. STREET ADDRESS								
	Prince G	eorges Gene	ral F	lospital	·	4900 Lucerne Road								
3.	NAME OF DECEASED	Fi	st	Middle		Last 4. DATE Month				Day Yes		fear		
	(Type or print)	Robert		M.		Lang	DEATH	August	19		1	1957		
5.	SEX	6. COLOR OR RACE	7. MARR	HED MEVER MARR	IED 8.	8. DATE OF BIRTH 9. AGE  In years   IF U					IF UND	ER 24 HRS.		
1	Male	White	WIDOW	ED DIVORCE		3-19-07		lost birthday) 50 yrs.	Months	Days	Hours	Min.		
10	a. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUSTI	Y 11. BIRTHPLACE (Sto	ate or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY		
1 5	Salesman	ng life, even if retired)		Automobile		Washing	ton. D.	G.		U.	S.A.			
-	3. FATHER'S NAME			260000000000000000000000000000000000000		14, MOTHER'S MAIDEN								
	Charles	Long				~	ude Mil	lls.						
1:	S. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 116	SOCIAL SECURITY N	O. 17. IN	FORMANT		Address						
[A	es. no, or unknown)	(If yes, give war or dates of				Florence A	Longs			,				
=	1.0.0					LTOLEHCE W	· neme:	Came au	or est					
		TH [Enter only one car TH WAS CAUSED BY:	ise per line	for (a), (b), and (c).							ET AND DE			
	PART I. DEA	IMMEDIATE CAUSE (6)		Acute cor	ngeat	we heart f	ailure		19.0					
	1442X	DUE TO												
	Conditions, if o			Cerdiovas	cular	renal dis	ease							
	gave rise to imme					Personal Control			172			2.3		
	couse lost.	(c)												
Z	PART II, OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	19. WAS	AUTOPSY		
CERTIFICATION											YES T	RMED?		
I H	20a. EXTERNAL CAL	USE WAS _ 20	b. DESCRI	BE HOW INJURY OCC	URRED. (En	ter noture of injury in P	Part I or Part II	l of item 18.}				J.A.		
83	PRIMARY OF CO	NIKIBUTING L												
13	20c. TIME OF INJU	RY Month, Day, Yes	or 20d.	INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	orm, 120f. (Cit	y or town)	(C	ounty)		(State)		
MEDICAL	Hour o. m.	19	Whi	le Not while		ry, street, office bldg., e		,,	, .	,,		(51010)		
2		***		ork of work	1									
						e, held an Auta		nspection K.	Inqui	iry X	, and	find that		
	death resulted	fram: Natural	causes	Accident	_, Suic	ide 🔲, Hamici	de 🔲, U	ndetermined of	cause [					
		1	1.		_									
	SIGNATURE	ohn.	VI	loner		M.D. CHIEF MEDICAL	EXAMINER _				DATE	SIGNED		
4			10	. /		ASSISTANT MED	ICAL EXAMINE	ER 🗌						
	EXAMINER'S NAME (Type)	John T. Ma	lones	M.D.		DEPUTY MEDICA	AL EXAMINER	Augu	st 19	9. 1	957			
22		N, 226. DATE THERE		22c. NAME OF CEME	ETERY OR	REMATORY	22d. LOCA	ZION (City, town,			(State	(e)		
	REMOVAL (Specify)	aug. 21-	57	Cedo	u 1	fiel	at	with	.0	1	nd	/		
23	. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS O	1100	7 d 5 = 240. RE	C'D BY REGIS	TRAR 24b. BEGI	STRAR'S SI	NATU	RE			
	Aimm -	& Brip.	160	61- Good	Nope	- DATEG		au.	such	4				
1	0	- 17.000		WHON.	a find	DATE		01000						

If any delay is necessary, please exe-he funeral rector. Page 4 should be burial, cremation, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral rector forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your start TO FW. ALD DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior

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VS. A15ME(5) 5M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

executed within 24 hours after death. Page 4

directo Illed with	1.	PLACE OF DEATH	rince Georg	vas:	MARYLAND	2. USUAL RESIDENCE OF STATE		1			
the funeral directors should be filed with		b. CITY OR TOWN (III	f outside carparate limi		NGTH OF STAY IN 16	c. CITY OR TOWN		orote limits, write R			
he f		d. NAME OF HOSPIT	AL (If not in hospital, g	ive street oddre		d. STREET ADDRE		,		e. IS RES	SIDENCE
N /	7 L	OR INSTITUTION	Prince Ge	orges Ge	eneral	5602 64	th Ave.				NO T
P E	3.	NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE	Mon	th	Day	Year
	1	(Type or print)	Robe		M.	Lavigne	DEATH		3	1	19 57
- 00 L	13	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	-	EAR IF UND	ER 24 HRS.
n ple	1	Male		WIDOWED	DIVORCED [	7-23-57		yrs.	8	ys Hours	min.
an and completely filled carbon popers. Pages 1 d ofter death.	10.	during most of work	ON (Give kind of work or ing life, even if retired	dane 10b, KIND	OF BUSINESS OR IND	USTRY 11. BIRTHPLACE	State or fareign	country)	12. CITIZE	N OF WHAT	COUNTRY?
ion and carbon offer de	13.	FATHER'S NAME				14. MOTHER'S MAIL	an 2 f	1.	,		
		Raises	met Merlin	J. LA	VIGNE	RU	TH.	50111	VAN		
physician remove car 2 hours aft	15	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO. 17.	INFORMANT //		Add	ress		
	)					MATHE	R		ABO	ve	
attending n please r			TH [Enter only one co							INTERVAL BE	TWEEN
the at Then p		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Cong	gestive He	art Failure				From b	irth
3 43		754.4	DUE TO							Th 7.	2
permit.		gove rise to immediate								From b	artn
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en si ansit and	z		) (c		HRITING TO DEATH RI	IT NOT RELATED TO THE	TERMINIAL DICEA	E COMPUTION ON	CAL IAL DADT V	-110 WAS	AUTORCY
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ol or off this certi r use os emotion	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Y Manth, Day, Yea		Not while	LACE OF INJURY (Hame actory, street, affice bldg	, form, 20f. (Cit	y or tawn)	(Cou	nty)	(Slate)
ffer d fo		21. I certify the	at I attended the	deceased fr	am 7/24/	198.2. to	18/	1 195	That I las	t saw the	deceased
buric		alive an	8/1	1952	, and that deal	h accurred at 12		m the causes a		date state	ed abave.
TOR:			1	11	1 0	**	ADDRESS (	Street, city or town,	stotell	al D.	ATE SIGNED
or be de prior	/	ACTUAL SIGNATURE	John	4 /X	MA	M.D. 340	4 Che	verly	HUC	Che	UPR/7
atror strong		PHYSICIAN'S NAME (Type)	150H	NK	eHoe			/		mo	Kylan
may be page 3 the regime	22	BURIAL, CREMATION PREMOVAL (Specify)		1957	NAME OF CEMETERY	OR CREMATORY	200 LOCA	TION (City, town, o	county)	(Stot	%
	23.	FUNERAL DIRECTOR	- 1		ADDRESS H	240.	REC'D BY REGIS	TRAR 246. REGIS	TRAR'S SIGN	7	
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08782 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. FAITH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY Prince George's Maryland b. COUNTPrince George's Health, MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly DOA Oven Hill d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ON A FARM? 4529 Wheeler Road, S. E. YES NO PE Prince George's General Hospital Year DECEASED 1057 Lindsey August George (Type or print) 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED PA NEVER MARRIED TO 8. DATE OF BIRTH Months Feb. 7, 1900 WIDOWED [7] DIVORCED [] Male Colored 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? Page 5 during most of working life, even if retired) Apt. Building North Carolina U.S.A. pages 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 4529 Wheeler Road, S. E. Mahel Gross Oxen Hill, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Cerebral edema, pulmonary edema IMMEDIATE CAUSE (e) DUE TO Acute alcoholism Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 70 YES-F NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg., etc.) o. m of work of work 21. I sertify that I tank charge of the remains described above, held an Autapsy K. Inspection K. Inquiry K. and in my CTOR: apinion death resulted from: Natural causes 🔀, Accident 🧻, Suicide 🗍, Hamicide 🗍, Undetermined manner DIREC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER 8-16-57 NAME (Type James I. Boyd 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)

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SAN MARTONIA

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(Stote)

Reg. Dist. No.

22d. LOCATION (City, town, or county) Wolftown, Va.

24a. RECIP BY REGISTRAR

DATE

24 REGISTRAR'S SIGNATURE

PRI	NCE GEORGES	MAR	YLAND "	MAIRYT	מא	. b. COUNTY	PRINCE	GEORG	ES
b. CITY OR TOWN (I RURAL and give no CHEV)		write c. LENGTH OF STAY	1N 1b c.	E. RIV	utside corporot	e limits, write R	URAL and give	nearest to	wn}
d. NAME OF HOSPIT	AL (If not in hospital, give CE GEORGES G		1	5308 KE	NILWORT	H AVE.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First B <b>E</b> N	NIE Middle		Lost LONG	4. DATE OF DEATH	Mon	ugust	Day 7	Year 19 <b>57</b>
S. SEX	MATTIME	MARRIED NEVER MARRI		E OF BIRTH	9.	AGE (In years lost birthdoy) 75 yrs.	Months Do	YEAR IF UNI	
Oa. USUAL OCCUPATION during most of work	ON (Give kind of work do king life, even if retired)	re 10b. KIND OF BUSINESS (	Ret.		or foreign cour	ntry)	12. CITIZE	U.S.	AT COUNTRY
Sohn R Lor	ng		14.	MOTHER'S MAIDEN N	AME XXX	Ann	E.		
	R IN U. S. ARMED FORCE (If yes, give war or dates of servi			uni irginia A	latera	Addr		as de	eceder
PART I. DEA  163×  Conditions, if a gove rise to i cotse (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which mmediate  DUE TO	Cerencey	cler	a faile	ere Leg	H Le	of.	INTERVAL I	SETWEEN D DEATH
PART II. OTH	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT NOT F	ELATED TO THE TERMI	NAL DISEASE	ONDITION GIV	ENON PART 1	(o) 19. WAS PERF YES	ORMED?
20a. ACCIDENT WA	S UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY C	OCCURRED. (Ent	er noture of injury in F	Port 1 or Port II	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 19	20d. INJURY OCCURRED While Not while of work of work		F INJURY (Home, form treet, office bldg., etc.		r town)	(Cou	inty)	(Stote)
alive an S	ot I attended the co	, 19 <u>56</u> , and that	t death accu			the couses as city or town,		date sta	

2c. NAME OF CEMETERY OR CREMATORY
Methodist Church

ADDRESS

may be refo VS A15 (4) 15M 9/SS

page 3 sh

O HOSPITAL

the registrar prior to burial, crematian, ar remayal, and in any event with be detached for use as the burial-transit permit.

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220. BURIAL, CREMATION,
BREMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

8-10-57

funeral director,

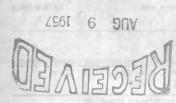
ofter death. Page

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ed by the haspital or attending physician.

RECTOR: After this certificate has been signed by the attending physician and campletely filled

# MAGYEARD STATE DEPARTMENT OF JELLYTH-BATTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08784 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE	Reg. Dist. No.
H DEPT.	1. PLACE OF DEATH a. COUNTYPrince George's  MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  D. C.
-( 1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Riverdale  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  washington  47x-3
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE
76	Leland Memorial Hospital 1410 S. Street S. E.
	3. NAME OF DECEASED (Type or print) CHARLES HORACE LONGLEY  4. DATE OF DEATH AUG. 3. 1957 19
	5. SEX MALE White NOWED DIVORCED SOLVEN BY THE SEX MARRIED NOWED DIVORCED SOLVEN BY THE SEX MARRIED NOWED SOLVEN BY THE SEX MARRIED NOW BY THE SEX
$\mathbf{I}$	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  D.C. Fire Dept.  Maryland  12. CITIZEN OF WHAT COUNTR  U. S. A.
	13. FATHER'S NAME
	Max E. Longley Rose Mary Lopez
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yet, gives wor of dates of service)  Yes 1948 to 1952  Unk/ Mattie Buckley Same as # 2 (Aunt)
D	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Hemorrhage and shock
	823× DUE TO
	Conditions, if ony, which gave rise to immediate cause
	(o), stoting the underlying DUE TO
	couse last. (c) Automobile accident
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO   O
1	
	206. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  Operator of an automobile in collision with a bridge.
16	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at w
	21. I certify that I took charge of the remains described above, held an Autopsy 📆, Inspection 📆, Inquiry 🔟, and in my
	apinion deoth resulted fram: Notural causes . Accident , Suicide , Hamicide , Undetermined monner
3	Λ / 0 · 0 · 1
2	SIGNATURE M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
On .	ASSISTANT MEDICAL EXAMINER
i i	NAME (Type) John T. Maloney, M.B. DEPUTY MEDICAL EXAMINER M. August 3rd, 1957
	220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMESERY OF CREMATORY 22d LOCATION (City, John, or county) (Stote)
ō	Durial 8-6-3/ Whington Halienas Wrington, Virginia
	23. FUNERAL DIRECTOR'S SIGNATURE  APPRESS  APPRE
	Jameslevery

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please

MEDICAL EXAMINER'S CERTIFICATE OF BEATH

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>			001	00	CERT	IIICA	AIL OF DEA			Reg. Di	st. No.		
		COUNTY PR	NCE GEORGE	S	MAR	YLAND	2. USUAL RESIDENCE ( o. STATE	Where decease D •	ed lived. If institu b. COUNT	YPRINC	ce before E GEC	odmissic RGE	on)
		RURAL ond CHI			c. LENGTH OF STAT	LIN JP	c. CITY OR TOWN (	T. RAIN		RURAL ond	give neare	st town)	
7		d. NAME OF HOSPIT	AL (If not in hospitol, g	'S GE	NERAL HOS	P.	d. STREET ADDRESS	505 BU	KER HILI	RD.		ON A	FARM?
		NAME OF DECEASED (Type or print)	HEL		Middle R	e	MY Y	4. DATE OF DEATH	40	GUST	Doy	1	9 <b>57</b>
	5. 3	F	W	WIDOWED		ED 🔲	3-6-98		9. AGE (In year loss irthdoy) 58 yrs	Months	-	Hours	Min.
1	1	during most of world	ring life, aven if retired	done 10b. K	ind of Business	OR INDUS	Bette	sda	-, md	12. CIT	IZEN OF	WHAT	COUNTRY
(	K	FATHER'S NAME	andre	w-2	leatin	an	Tene	The	onic	n L	Bru	رم	2
0		WAS DECEASED EVE	R IN U. S. ARMED FOR (It yes, give wor or dates of s	CES? 16.5	OCIAL SECURITY NO	O. 17. II	rol Dor	othy	mai	tin	ad	de	ess
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	. 1/	for (o), (b), and (c)	ile	7 Pehri	elate	ON O		ONSET	VAL BET	DEATH
		Conditions, if a gove rise to i	mmediate (	5	ponter	esi	is Sub-	arace	hoid				0
	Z	lying couse lost.	the <u>under-</u>	)	NEW DATERITING TO DE	TATH BUT	NOT RELATED TO THE TE	MINIAL DISEAS	E CONDITION G	IVEN IN DAD	7 1/0/19	WASA	RA
0	FICATION						D. (Enter noture of injury			TEN IIV I AK		PERFOR	MED?
	AL CERTIFI	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While of work	Not while of work	foc	ACE OF INJURY (Home, for story, street, office bldg.,	etc.)	y or town)	(<	County)		(State)
		21. I certify the	at I offended the	deceose	7	t deoth	occurred of	5 Tro	m the causes	that I and on the			
/		ACTUAL SIGNATURE	Engomin	1	mi	e Ce	3-3824-3		Mark C		na		TE SIGNED
		PHYSICIAN'S BINAME (Type)	NJAI	NIN	S. Mi	LL	FR					/	
	3	BURIAL, CREMATIO REMOVAL (Special)	8/6/5	7	Fort A	METERY O	COLU-	Cols	TION (City, town,	or county)	w	(Stote)	id.
	23.	funeral director	ESIGNATURE templel	Home	ADDRESS	lain	LEY MIK DATE	EC'D BY REGIS	7 000	SISTRAR'S SIG	GNATURE		
			S.	nc	•		7			-20002	1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNEY DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 mould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer death. VS A15 (4) 15M 9/SS

CERTIFICATE OF DEATH

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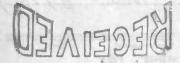
VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08807 CERTIFICATE OF DEATH 08823 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived) If institution Residence before admission) o. COUNTY COUNTY MARYLAND b. CITY OF TOWN III outside corporate limits, write RURAL and give beares fown) c. LENGTH OF STAY IN 16 c. CITY OR FOWN (If outside corporate Timits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? 02c YES NO NAME OF Middle DATE Year Day DECEASED (Type or print) DEATH 6. COLOR/OR RACE. 7. MARRIED THEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthoby) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days DIVORCED T WIDOWED T 10a. USUAL OCCUPATION (Give kind of work done 70b, KIND OF BUSINESS OR INDUSTRY BIRTHALACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S 14 MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? LLA\_SOCIAL SECURITY NO 17 INFORMANT Addre 18. CAUSE OF DEATH [Enter only one couse pag line for (o), (b), ond, (c). INTERVAL BETWEEN ONSET AND DEAT PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) O. 11. While Not while of work of work 21. I certify that I attended the deceased from 7. that I last saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BENOYAL Specify 8/10/57 Lincoln Cemetery Port Colmar Manor, Md. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATELIS 12 Gasch's Sons Hvattsville, Md.

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BUREAU V. S.

A SHEET WALL

CERTIFICATE OF DEATH 00404

08809

OR INSTITUTION  Prince Georges General  3908 Perry St.  AMBRICE DECEASED (Type or print)  Nimie F. McLene  6. COLOR OR RACE  7. MARRIED MOUNTS  NOTE:  10. LEST  Female  White  Widdle  10. LENG OF BRATH  Pemale  White  Widdle  Note:	
b. CITY OR TOWN If outside corporate limits, write RURAL and give necests the RURAL and give necests t	ision)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  PHYDORE GEORGES GENERAL  3908 Perry St.  3908 Perry St.  ON TES  Nonth Day  Nont	m)
3. NAME OF FIRST  S. SEX  G. COLOR OR RACE  Minite  Middle  Minite  Middle  Month  Mon	SIDENCE A FARM?
DECEASED (Type or print)    Type or print)   Minnie F   McLene   Death	NOB
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   B. DATE OF BIRTH  100. USUAL OCCUPATION (Give sign of work done lob. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)  102. COLORATION (Give sign of motives)  103. FATHER'S MAME  104. MOTHER'S MAJBEN NAME  105. MARRIED NAME  105. MARRIED NO WHO WORK DONE   105. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)  107. FATHER'S MAJBEN NAME  108. MOTHER'S MAJBEN NAME  109. MOTHER'S	Year 19 57
Divorced	
100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHITE DATE OF WHITE STORES (Stote or foreign country)  13. FATHER'S NAME  14. MOTHER'S MAJBEN NAME  14. MOTHER'S MAJBEN NAME  15. ATHER'S NAME  16. MOTHER'S MAJBEN NAME  16. MOTHER'S MAJBEN NAME  18. CAUSE OF DEATH (Enter only one course perfine for (o). (b). and (c). PART I. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one course perfine for (o). (b). and (c). PART I. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH (Enter only one course perfine for (o). (b). and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(c) II. WAS PER YES.  200. ACCIDENT WAS UNDERLYING DOLLAR ON THE WHITE DATE OF DEATH ON WHITE PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(c) II. WAS PER YES.  200. ACCIDENT WAS UNDERLYING DOLLAR ON THE WHITE PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DOLLAR ON THE PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS COURSED. (Enter nature of injury in Part I or Part II of item 18.)  200. TIME OF INJURY Month, Doy, Year While Not while DI work DOLLAR ON WHITE PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION COURSED. (Enter nature of injury in Part I or Part II of item 18.)  201. I certify that I attended the deceased fram DOLLAR ON WHITE PART I. OTHER COURSES (Sireet, city or town, state)  202. TIME OF INJURY Month, Doy, Year ADDRESS (Sireet, city or town, state)  203. ACCIDENT WAS UNDERLYING DOLLAR ON THE PART I. OTHER SIGNATURE  204. ACTUAL SIGNATURE  205. DESCRIBE HOW INJURY OCCURRED. MAD. 33 TO 3 Port y St. Mc Roll File Part I. Md. SIGNATURE  206. DESCRIBE HOW INJURY OCCURRED. MAD. 33 TO 3 Port y St. Mc Roll File Part I. Md. SIGNATURE  207. ACCIDENT WAS UNDERLYING DOLLAR ON THE PART I. OTHER SIGNATURE  208. DESCRIBE HOW INJURY OCCURRED. MAD. 33 TO 3 Port y St. Mc Roll File Part I. Md. SIGNATURE	Min.
13. FATHER'S MAME  14. MOTHER'S MAJBEN NAME  14. MOTHER'S MAJBEN NAME  15. SOCIAL SECURITY NO. 17. INFORMANT  16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per-tipe for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stoling the under trying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  21. I certify that I attended the deceased from July OCCURRED while of work of a work of a work.  21. I certify that I attended the deceased from July 19. 7., and that death occurred at 10200M, from the causes and on the date stolenaries.  ACTUAL  SIGNATURE Was also as the couse of the couses and on the date stolenaries.  ACTUAL  SIGNATURE Was also as the couses of the couses and on the date stolenaries.  ACTUAL SIGNATURE  M.D. 3503 Perry St. ME Reight 19. 10. 11. 11. 11. 11. 11. 11. 11. 11. 11	T COUNTRY
18. CAUSE OF DEATH [Enter only and cause per-like for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING COUNTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work.  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work.  21. I certify that I attended the deceased from ADDRESS (Street, city or town, state)  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
18. CAUSE OF DEATH [Enter only and cause per-like for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20a. ACCIDENT WAS UNDERLYING COUNTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES.  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work.  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work.  21. I certify that I attended the deceased from ADDRESS (Street, city or town, state)  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS COUNTRIBLED.  ACTUAL WAS CAUSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY:  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIB	y st.
DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAPER YES  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  201. I certify that I attended the deceased fram.  102. I certify that I attended the deceased fram.  203. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)  204. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  205. TIME OF INJURY Manth, Day, Year 206. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  206. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) While of work of a work of a work of the causes and an the date stown of the cause of the causes and an the date stown of the cause of the	ETWEEN
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20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Medical Examiner  20c. TIME OF INJURY Medical Examiner  While Not while of work  19 work of work  19 of wo	de 2
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Medical examiner)  20c. TIME OF INJURY Medical examiner  While Not while of work of work of work of work of work of work of work.  21. I certify that I attended the deceased fram. July 4, 1957, to accept 1957, that I last saw the alive on accept 1957, and that death occurred at 1000M, from the causes and an the date sto ADDRESS (Street, city or town, state)  ACTUAL Was Underly 1968. Was 1968. While of work	AUTOPSY ORMED?
21. I certify that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from July 4, 1957, to Question, 1957, that I last saw the alive on Asserting that I attended the deceased from Asserting that I attended the Asserting that I a	
actual Signature Walco B. Way and M.D. 3503 Parry St. ME Rainier-Md	(State)
ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE Walco B. Wegues M.D. 3503 Perry St. IME Reinier- Hd	deceaser
SIGNATURE Waldo B. Wayus M.D. 3503 Perry St. ME Rainier Md	ed abave
	ATE SIGNE
PHYSICIAN'S ING ICLO P Manager 7 772 P C. MC P2. 1	6.6.7.
PHYSICIAN'S Waldo B. Moyers 3503 Perry St. Mt. Rainier M	d
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town for county) (S)	vé)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  249. REC'D BY REGISTRAR SIGNATURE  WWW. REGISTRAR'S SIGNATURE  ADDRESS  ADDRE	

may be relatined by the haspital or attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 mould be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 020 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55 MARKITAND STATE DEPARTMENT OF HEALTH-SALTIMORE, 18

CERTIFICATE OF DEATH

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BECEINED

FOR STATE HEALTH DEPT

director. Page or your files. execute 12st certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the four 4 should forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain 5 Funkant DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Store or its designated agent, prior to buriol, cremation, or removal, and in any event within 22 hours after death

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08788

Dist No.

08810

1.0400			ney, a	7131. 140.
PLACE OF DEATH O. COUNTY Prince George	1 S MARYLAND	2. USUAL RESIDENCE (Where deceo		ence before admission)  ffolk
b. CITY OR TOWN fit outside corporate limits, write RUI  regive negrest fown)  heverly Md.	c. LENGTH OF STAY IN 1b  6 hours	c. CITY OR TOWN (If outside cor	porote limits, write RURAL on	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF no	t in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Georges Gene	ral Hospital	25 La Rose Plac	е	YES NO
3. NAME OF DECEASED (Type or print) Corab	ell Mc SI	nerry 4. DATE OF DEATH	Month August	Doy Year
Camala Indiaha	MARRIED   8.	July 24, 1909	9. AGE (In years lost birthday) 49 yrs.	Days Hours Min.
On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife	own Home	New Hampshire		IZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Harold Stickne	y	Selina ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCE:  Yes, no, or unknown)  (If yes, give wor or dates of service)  NO	a) lar	chard Mc Sherry	Cape Vincer	it
MMEDIATE CAUSE (o)	Hemorrhage Fracture of fracture of	the skull, cr		
PART II, OTHER SIGNIFICANT CONDITION  200. EXTERNAL CAUSE WAS PRIMARY DATA CONTRIBUTING CAUSE OF DEATH.	ONS CONTRIBUTING TO DEATH BUT N			17 1(0) 19. WAS AUTOPSY PERFORMED? YES NO COLLISI
	ccupant of an a	utomobile that	was in an	head on/
20c. TIME OF INJURY Month, Doy, Year 8 Hours o. m. 8/10 157	20d. INJURY OCCURRED White Not white of work of work	CE OF INJURY (Home, form, 20f. (City at a dec.)		eorge's Md
21. 1 certify that I took charge of opinion deoth resulted from: Not signature EXAMINER'S James I. Boy NAME (Type)	Accident F		, Undetermined	DATE SIGNED
20. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Transportation 8/12/5	7   22c. NAME OF CEMETERY OR Boston		TION (City, town, or county) Masschusett	(Store)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGIST	TRAR 246. REGISTRAR'S SI	GNATURE
F. Gasch's Sons	Hyattsville, Md.	DATE AUG 1	35 Whe	2000

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STORIC TE TANK PERSON PROPERTY SELECTION OF STATE OF STATE OF

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exe-lor. Page 4 should be 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Prince Georges o. STATE Maryland b. COUNTY MARYLAND b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Cheverly Tall Timbers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prince George General Hospital NAME OF DECEASED 4. DATE Lost Month funeral MARY MAGDALENE MOCKABEE DEATH August (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Female White 15,1875 WIDOWED T Sept. DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWITE At Home St Mary 's Co puo Md. may as 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard Owens Myrtle Cooke Poges 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Iff yes, give war or dates of service Mrs. Mitchell Milkie None W. Hvatts. Md. Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, If any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY SO 200. EXTERNAL CAUSE WAS PRIMARY LAW CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PLACE OF INJURY (Home, farm, factory, street, affice oldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a/ ef Medical R: Page 3 s Not while 16 at wark ol wark 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 7. death resulted from: Natural causes . Accident Suicide . Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

8-8-1957

23. FUNERAL DIRECTOR'S SIGNATURE

W.W.CHAMBERS CO.

VS. A15ME(5) 5M 9/55

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DATE AUG 12 517-11th.St. S.E. Washington D.C.

Washington National

ADDRESS

246 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Suitland

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ON A ARM?

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Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO P

DATE SIGNED

(State)

Md.

(Stote)

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Rea. Dist. No.

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Inquiry

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	1961 SI 90V	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08812

08790 CERTIFICATE OF DEATH Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) COANLA b. COUNTY MARYLAND eore c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN NAME OF DECEASED 4. DATE Middle Last Month Year OF DEATH 195 (Type or print) 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED ema 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during thost of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 1957, that I lost saw the deceased 21. I certify that I attended the deceased fram M. from the couses and on the date stated above. and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

PHYSICIAN'S NAME (Type)

DATE THEREOF

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22c NAME CEMETERY OR CREMATORY

ADDRESS

(Stote)

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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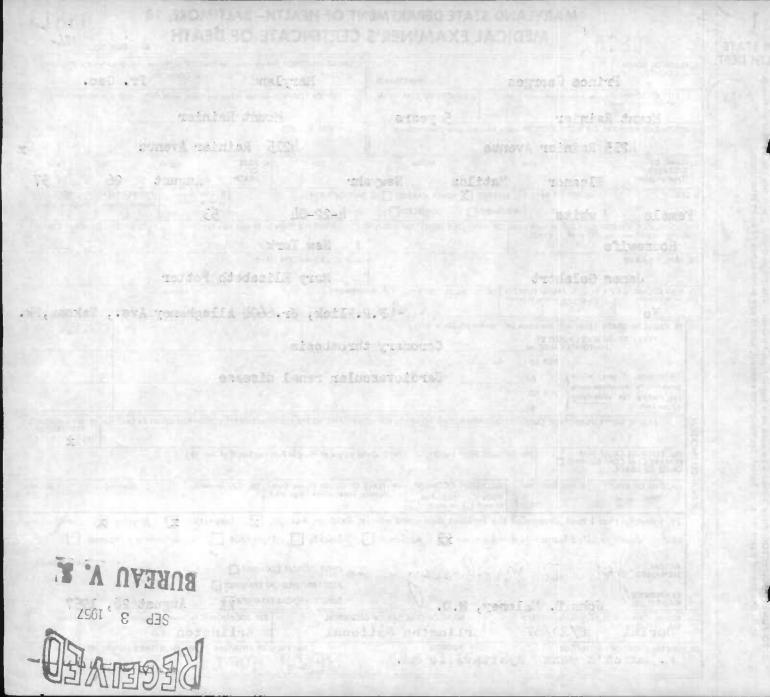
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I.	PLACE OF DEATH	olmon Gnom		44	ARYLAND	2. USUAL RESIDENCE a. STATE Mary		sed lived. If institu		
1	. CITY OR TOWN (III	rince Geor		c. LENGTH OF ST					Pr. G	
	and give nearest town)	outside corporate limits, wit	IS KUKAL	C. LENGTH OF ST	AT IN ID	c. CITY OR TOWN	(If autside car	porate limits, write	KUKAL and give	e nearest town)
		Raimier		5 yes		16	Mount F	lainier		
	d. NAME OF HOSPITA	AL OR INSTITUTION	(II nat in ho	spital, give street ad	dress)	d. STREET ADDRESS				e IS RESIDENCE
	4219	Rainier	venue			42	15 Rai	nier Aver	nue	YES NO
	NAME OF DECEASED (Type or print)	Eleanor	nt Med	Middle	Newv	Lost	4. DATE OF DEATH	Augus		Year 19 <b>57</b>
5. 5	SEX	6. COLOR OR RACE	-	ED NEVER MAR	The second second second			9. AGE (In years	IF UNDER TYE	
F	emale	white	WIDOWE	the state of the s		4-22-04		fort birthday) 53 yrs.	Months Days	s Hours Min.
10c	USUAL OCCUPATION OF WORKING Housewife	N (Give kind of work g life, even if retired)	dane 10b.	KIND OF BUSINESS	OR INDUST			country)	12. CITIZEN	OF WHAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	INAME			
	James	Gelabort				Mary E	lizabet	h Potter		
	WAS DECEASED EVE			SOCIAL SECURITY I	NO. 17. IP	FORMANT		Address		
1100	No	(If yes, give war or dates o	service)		100	R.Flick, Jr	660). A	17 achana	- A	Malsome Die
75	Canditions, if an gove rise to immed (o), stating the viceuse lost.	nderlying DUE TO	)	Card	liovas	thrombosis cular renal of related to the ter				
CERTIFICATION	200 EYTERNAL CAU	CE WAC 12	OF DESCRIP	S NOW INTERVOC	CUPPED /F	otan antum of initial in B		f'. 18.		YES NO
	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING [	OO. DESCRIE	E HOM INTUKT OC	CURRED. (E	nler nature of injury in P	art i ar Farl H	at item 18.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	Whil	INJURY OCCURRED  Nat while ork of wark		E OF INJURY (Hame, fa bry, street, office bldg., e	irm. 20f. (City	or tawn)	(County)	(State)
		at I toak charg resulted fram: Ans D-	Natural	causes A	_	Ve, held on Autop	Hamicide  EXAMINER   ICAL EXAMINE	R	Inquiry brained man	-
220	BURIAL, CREMATION		OF	Arlingto				TION (City, town, or ington V	or county)	(State)
23.	FUNERAL DIRECTOR" F. Gasch	S SIGNATURE	Hyat	ADDRESS tsville M	ld.	QED 9	C'D BY REGIST	( )	TRAR'S SIGNAT	TURE

1957

Hyattsville Md.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute if presentificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fund 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, crematian, or remayal, and in any event within 72 hours after death. VS. ATSME 5M 2/57



necessary, please exertor. Page 4 shauld be Cre burial Page . 0 20 delay be retained for your f funeral any 2, and 3 to the 24 haurs after may Pages 5 oge Give PM3 Dec with form burial-transit pencil along Office O SD Medical writing RECTOR: MEDICAL rtificate, 0 0 DEPUTY cute the FUNE 0

VS. A15ME(5)

5M 9/55

M	ARYLAND	STATE D	EPARTME	NT OF	HEALTH-	-BALTIMORE	, 1
08824	MEDICA	AL EXA	MINER'S	CERT	IFICATE	OF DEATH	

08814

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY O. STATE b. COUNTY Prince Georges MARYLAND Md. Prince Georges b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! Columbia Park Columbia Park l vear d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Maryland Boulevard Maryland Boulevard YES NO NAME OF First Middle DATE Day -DECEASED Nicholson 57 (Type or print) Roy Lee DEATH August 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months Male White Aug. 18. 1911 Days Hours DIVORCED WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Construction Virginia U.S.A Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leona Blanch Rickard John Robert Nicholson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address William R. Nicholson, Riverdale, Maryland No. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) 76× DUE TO Gunshot wound of head Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY ICATION PERFORMED? NO [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. Self inflicted automatic pistol wound of head. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Slote) foctory, street, office bldg., etc.) Not while of work of work Columbia P rk. Pr. Geo. Md. Fields 21. I certify that I taak charge of the remains described above, held an Autopsy A., Inspection , Inquiry , and find that death resulted fram: Natural causes . Accident . Suicide AM Hamicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER John T. Maloney, M.D. August 3, 1957 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cily, town, or county) (Slole) Preddy's Funeral Home Gordensville **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Maryland

# HIRATOR EXAMINER'S CURTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be a propertioned by the haspital ar attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician are page 3 mould be detached far use as the burial-transit permit. Then please remove carbothe registrar prior to burial, cremation, or removal, and in any event within 72 hours atter

VS A15 (4) 15M 9/55 0001

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1. PLACE OF DEATH o. COUNTY PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (WO. STATEMARYLAN	here deceased lived. If institution: Res b. COUNTY PF	idence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CHEVERIX	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write RURAL o	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION PRINCE GEORGES GENE	RAL HOSPITAL	d. STREET ADDRESS 2219 SE	HERIDAN ST.	e. 15 RESIDENCE ON A FARM2 YES NO
3. NAME OF DECEASED (Type or print) BERTH	Middle	NOLTE	4. DATE Month OF DEATH AUGUST	2 8 19 <b>57</b>
5. SEX 6. COLOR OR RACE 7. MARRI FEMALE WHITE WIDOWE	-	8. DATE OF BIRTH <b>7-16-80</b>	9. AGE (In years lost heridoy) Mont	IDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Wife A	KIND OF BUSINESS OR INDU	COVINGTO	OH ILLIHOIS	D. S.A.
LOUIS MEYER		LOUISE	UNDERSTAHL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	A1	R. ARTHUR	J. HolTE	SON.
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).] RCULATORY CARI	DIAC COLLAPSE		INTERVAL BETWEEN ONSEL AND BEATH
Conditions, if ony, which ) (b)	UNDICE DUE TO	EXTRA HEPATIC	COBSTRUCTION	1 MONTH
gove rise to immediate ( Dus TO	rcinoma - heai	OF THE PANCI	REAS	?
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)	
Hour a.m. While	Not while of work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	n., 20f. (City or town)	(County) (State)
21. I certify that I attended the decease	7	, 19. <b>57</b> , to 8		t I last saw the deceased
ACTUAL SIGNATURE ARCHIVE China	with oil		M, from the causes and a ADDRESS (Street, city or town, state)	n the date stated above DATE SIGNED
PHYSICIAN'S SAUL SCHWARTZB	ACH			
220. BURIAL, CREMATION, 22b. DATE THEREOF 8. REMOVAL (Specify) 9-12-5-7	22c. NAME OF CEMETERY C	CREMATORY PENETEN	22d. LOCATION (City, town, or coun	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PLEVELAND A	240. REC'	D BY REGISTRAR 24b. REGISTRAR'S	S SIGNATURE

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CONTROLL - TO BE VERY PERSONS

BUREAU V. E.

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CHELL DAMES SEEL STOLE ( FYZ LANDAYE JOHN BY BUILDING

VS. A15ME 5M 2/57

o. COUNTY	Prince Geor	rges	MARYLAND	2. USUAL RESIDENCE (		_	r. Ge	
b. CITY OR TOWN (If and give necrest town)  Chevel		RURAL	c. LENGTH OF STAY IN 16  2 hours	11	outside corporete lin		ond give ne	orest fown)
	or institution (if		oitol, give street oddress)	d. STREET ADDRESS 5012	26th Avenu	e		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Wal		Middle Benjamin	Norris	4. DATE OF DEATH	August	23	19 57
M le	6. COLOR OR RACE	7. MARRIED	3	12-3-06	9. AGE last birt	(In years IF UND Months	-	Hours Min.
during most of workin	ON (Give kind of work d g life, even if retired)	one 10b. KI	ND OF BUSINESS OR INDUST		or foreign country) ton, D.C.	12. (	U.S	WHAT COUNTR
13. FATHER'S NAME	am E. Norri	8		14. MOTHER'S MAIDEN				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor er dotes of si			eformant Etta Weidman	; same add	Address		
75-100-100-100-100-100-100-100-100-100-10	TH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	1	or (o), (b), ond (c). ] Hemorrhage and				ONSET	AL BETWEEN AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which diote couse Due TO (c)_	(	Hemorrhage and Gunshot wound	of head	INAL DISEASE CONDI	TION GIVEN IN P	ONSET	AND DEATH
PART I. DEAT  976 × Conditions, if or gove rise to immed (of, stating the course tost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse underlying  DUE TO  (c).  HER SIGNIFICANT COND  USE WAS	DITIONS COR	Hemorrhage and	of head			ONSE!	AND DEATH
PART I. DEAT  976  Conditions, if or gove rise to immed (of), stating the couse tost.  PART II, OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  ny, which diote couse Due TO  Columbia  Columbia  DUE TO  Columbia  DUE T	DITIONS COL	Hemorrhage and Gunshot wound  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  inflicted.  Not while  Not while	of head	n, (20f. (City or town)	8.)	ART 1(o) 19	, WAS AUTOPS: PERFORMED? ES NO
PART I. DEAT  OFFICIAL STATE OF INJUST  20c. EXTERNAL CAL PRIMARY For CON CAUSE OF SEATH.  20c. TIME OF INJUST Hour 21. I certify the opinion death  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	THE WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  DUE TO  DUE TO  DUE TO  CC)  HER SIGNIFICANT COND  DUE TO  CC)  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	DESCRIBE Self 20d. In While of the re latural co	Hemorrhage and Gunshot wound  NTRIBUTING TO DEATH BUT N  HOW INJURY OCCURRED. (E  inflicted.  Not while  Not while	of head  IOT RELATED TO THE TERM  INTERPOLATION OF INJURY (Home, for pry, street, office bldg., etc.)  Home  ve, held an Autops  J. Suicide XX,  M.D. CHIEF MEDICAL E  ASSISTANT MEDICAL  DEPUTY MEDICAL	20f. (City or town)  Hillcres  y , Inspecti  Hamicide ,  XAMINER    AL EXAMINER	t Height on () Inqui	County)  County)  ART 1(o) 19  Y  County)  Amanne	. WAS AUTOPS PERFORMED? ES NO.  (Stote

and was the same of the same a summer somia HALLOCKER TRANSPERSON - - -STUDY ? anhove 1982 Sing fitted for any there of it. Parjerin florits on Aura at a second Ames Sreet minuse 1 marin 20 Marin Break : West William Buttering Expenses of makes the everyone the second contract of VNC S6 1957

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08817

	08	825	CERTIFI	CATE OF DE	ATH		Reg. Dist. N	6.
1. PLACE OF DEATH o. COUNTY Pr	ince Georg	e's	MARYLAN	A CTATE	NCE (Where dece	ased lived. If institu b. COUNT	tion: Residence be	
RURAL ond give	(If outside corporate limerest town) sville, Md	its, write	LENGTH OF STAY IN 1		WN (If outside co	orporote limits, write		-
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,	give street ad		d. STREET ADD		ce George	's St	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print)	John	rsl	Middle	Parker	4. DAT OF DEA	E Mo		Day Year
5. SEX male	6. COLOR OR RACE white	7. MARRIEI	NEVER MARRIED		1875	9. AGE (In yeorn last birthday)	Months Days	AR IF UNDER 24 HRS. Hours Min.
Oa. USUAL OCCUPATE during most of we Retir  13. FATHER'S NAME	orking lite, even it refire	1)	ND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLAC	ryland	n country)	U S	OF WHAT COUNTRY?
15. WAS DECEASED E	Jacob O. VER IN U. S. ARMED FO Iff yes, give wor or dates of	RCES? 16. SC	CIAL SECURITY NO. 1	Sara 7. INFORMANT Mrs Dougla	h Sande	Ad	dress ushingto	n D. C.
Conditions, if gave rise to cause (o), statin lying cause los	g the under-	Hy		BUT NOT RELATED TO TH				PERFORMED?
PART II. C	VAS UNDERLYING AGE CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCU	RRED. (Enter nature of in	njury in Part I or	Part It of item 18.)		YES NO
20c. TIME OF INJU Hour a. gr	10	While	URY OCCURRED 20e Not while of work	PLACE OF INJURY (Hos foctory, street, affice bl	me, farm, 20f. (dg., etc.)	City or tawn)	(County	y) (Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	193 to	and that de	n 1955, ath occurred at M.D.	ADDRESS ADDRESS ALL R	rom the causes i (Street, city or town	and on the d	saw the deceased ate stated abave DATE SIGNED
220. BURIAL, CREMAT REMOVAL (Specif Burial	oct 2,	DF 1957		s Cemetery		CATION (City, town, Beltsvill	e, Mary	
23. FUNERAL DIRECTO	h's Sons	Hvatt	ADDRESS	ryland 0	IO. SEED BY REC	BYAR JUSES	ISTRAP'S SIGNAT	URE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. E.

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CERTIFICATE OF DEATH

Reg. Dist. No

08819

1		neg. Dist. re;
	1. PLACE OF DEATH O. COUNTY TRINGE GEOGRES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE D. COUNTY TO WEE TENGES
	b. CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION TO WEE CEARGES CEM. 1650	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)  AMES  Middle E	tractor 4. DATE OF DEATH Aug. 1257
	M Nam. WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years 150NDER 1 YEAR IF UNDER 24 HRS.*  Output  150NDER 1 YEAR IF UNDER 24 HRS.*  Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIBUTION of Working life, even if retired)	10/110 4.5.4
	William H Proctor	14. MOTHER'S MAIDEN NAME ///arggret M. Savoy
2	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	ames 1= Practor Brandywing Md
/	1B. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under:  lying cause last.  (c)	PNeumonia Interval Between ONSET AND DEATH
0	\(\frac{1}{2}\)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \subseteq \)
ă	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19 While Not while at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
/	ACTUAL Office of MODE	accurred at 17 A.M., fram the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify) Aug 14/957 St Pete	R CREMATORY 22d, LOCATION (City., town, or county) (Stoje)
	Hunte Funeral Home Wald	240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

CENTRICATE OF DEATH

BUREAU V. E.

1961 61 901

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8794	CERTIFICATE	OF DEATH
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08820

COLUX					keg. Dist, No.	
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan		b. COUNTY	Residence before the Residence Geo	
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest lown)  Cheverly Md.	c. LENGTH OF STAY IN 16  2 days	c. CITY OR TOWN (IF or	viside corporate lin	nits, write RUR	AL and give nea	arest tawn)
d. NAME OF HOSPITAL (If not in hospital, give store institution  Prince George General		d. STREET ADDRESS Presley	Road			ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print) Laura	Middle C	Rise	4. DATE OF DEATH	Month Aug	12	
77 70 70	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH  2 July 1872	9. AG	birthdoy) /	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of Virginia)				S A
13. FATHER'S NAME William Henry C	ampbell	14 MOTHER'S MAIDEN N	AME Laley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [If yes, give wor or dates of service]		nformant ary E Fitzger	lad	Addres Lanham		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost.  (c)	Cerebral ar	lar I pros terioscless	nbosis			ET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	ys contributing to peath but	NOT PELATED TO THE TERMIT	W DUS	DITION GIVEN	1 IN PART 1(o) 1	PERFORMED? YES NO TO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort 1 or Port II of i	tem 18.)		
Hour o. m.	d. INJURY OCCURRED hile Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	vn)	(County)	(Stote)
21. I certify that I attended the dec alive on aug // , 1 ACTUAL SIGNATURE WILLIAM D PHYSICIAN'S NAME (Type) Dr. William D	CM 1	10 occurred at 5,20A M.D. 5304	ug II,  M, fram the ADDRESS (Street, ci  Cungre  Lungre	causes an	d an the dat	the deceased the stated above DATE SIGNED
220. Burial, CREMATION, 226. DATE THEREOF Transportation 8/13/57	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (		Junty)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  F. Gasch's Sons Hy	ADDRESS attsville, Md.		BY REGISTRAR UG 15 '57	246 REGISTE	eauch	Į€

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7	0879	5 CER	TIFICATE	OF DEA	TH		Reg. Dist. N	.088	321
o. COUNTY Prince	ce George'	s M/	RYLAND 2. US	UAL RESIDENCE	(Where decease	d lived. If institution b. COUNTY	Prince	efare admiss Geor	ion) 'ge's
b. CITY OR TOWN (If RURAL ond give need Chever)	outside corporate limits prest town)	c. LENGTH OF ST		· ·	(If autside corpo	orate limits, write RI	URAL and give	nearest town	1)
	At (If not in hospital, given Stre		d.	STREET ADDRE	Sewey S	treet			FARM?
B. NAME OF DECEASED (Type or print)	Burdett	Mid	Righ	Last	4. DATE OF DEATH	Man			Year 19 57
s. sex male	white		ceo 🗆 Mar		, 1916	9. AGE (In years lost birthday) 41 yrs.	Months Day		ER 24 HRS. Min.
Tool Eng		U S Govern	ment		ington I DEN NAME		U S	OF WHAT	COUNTRY
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FORCE f yes, give wor or dates of ser	ES? 16. SOCIAL SECURITY	Thelma	S. Rig	ghter	Cheverly	r, Mary	land.	
	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  (y, which) Immediate  DUE TO	coronary th	l infarct	ion			0	one l	DEATH
EV I	ER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT RI	ELATED TO THE I	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(a	PERFO	AUTOPSY ORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of w									
21. I certify the	at I attended the	deceased from 9/ , 12 , and th	at death occu	rred at 12:	QONXA, from	n the causes a treet, city or tawn,	nd an the c	date state	ed abov
ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo)	LLIAM D. R	OSSON. M.D.				3rd. 195			

F. Gasch's Sons Hyattsville, Md.

DATE AUG 5

57 Page Registrar's signat

t page form			grayiosi amini
	A DE LEVEL OF THE REAL PROPERTY OF THE PERSON OF THE PERSO		E Luinerario
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		STATE STATE	S. S. D. Beller, S. S. S. Changer, S.
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### FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed as certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the furth director. Page 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNEXAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08822 Reg. Dist. No.

	PLACE OF DEATH  o. COUNTY  Prince Geo	rgets	MARYLAI	O. STATE	Maryla		stitution: Reside		
1	c. CITY OR TOWN If outside carporate and give nearest lawn]  Cheverly Md		c. LENGTH OF STAY IN		R TOWN (If outside Carmody H			give nearest to	own)
1	. NAME OF HOSPITAL OR INSTIT	UTION (If not in h		d. STREET		,		o. IS 1	RESIDENCE
	Prince George		ral Hospital			reet,.		ON	NO NO
	NAME OF DECEASED (Type or print)	first lettah	Helen Ro	gers lo	4. DATI OF DEA		onth ugust		Yeor 19 57.
5. 5	female   6. color c		RIED NEVER MARRIED DIVORCED DIVORCED		8, 1902	9. AGE (In year lost birthday) 54	1	TYEAR IF UNI	
(	. USUAL OCCUPATION (Give kind during most of working life, even if Seamstress	retired)	KIND OF BUSINESS OR INC.		LACE (Stole or foreig	gn country)		S A	COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
	Charles	Steele		Linda	a Carpent	er			
15. [Yes	WAS DECEASED EVER IN U. S. Al	RMED FORCES? 16		7. INFORMANT	n	Add		24. 2	
	no		1	larry L.	Kogers	Carmody	nills,	Maryla	and.
	18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUS IMMEDIATE C  442 X  Conditions, if only, which gove rise to immediate cause	ED BY: AUSE (o) DUE TO	Shock Cardiovascul	ar rena	l disease			INTERVAL SETWONSET AND DE	ATH
	(a), stating the underlying	DUE TO						1000	
CERTIFICATION			CONTRIBUTING TO DEATH B				GIVEN IN PART	1(o) 19. WAS PERFO YES	AUTOPSY ORMED? NO 12
	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	D 206. DESCRI	BE HOW INJURY OCCURRE	D. (Enter noture of i	injury in Port I or Por	t II of item 18.)			
MEDICAL	20c, TIME OF INJURY Month, Hour a, m, p, m.	Wh		PLACE OF INJURY factory, street, office	(Home, farm, 20f. ( bldg., etc.)	City or town)	(Cou	nty)	(State)
	21. I certify that I took	charge of the	remains described a	bove, held or	Autopsy .	Inspection F	T, Inquir	y 📆, ar	nd in my
	opinion death resulted fr	om: Naturol	causes X. Acciden	nt [], Suicio	de 🔲, Hamici	de [], Und	etermined n	nonner 🗌	
	ACTUAL SIGNATURE	D. MA	loney	M.U.	MEDICAL EXAMINER			DATE	SIGNED
	EXAMINER'S John T.	Maloney.	MaDa (		ANT MEDICAL EXAM Y MEDICAL EXAMINE		gust 11	. 1957	
220	BURIAL, CREMATION, 226. DAT		Relaance			CATION (City, tow	n, or county)	(Sto	le)
23.	F. Gasch's Schature		ADDRESS Ivattsville	1.3	240. REC'D BY REC	GISTRAR 246. RI	GIPTRAR'S SIG	NATURE	

VETAND STATE DEFAUTABLE OF HEALTH-SALTIMORE

- APPOIDAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

24

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince Georges
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in haspital, give street oddress)
OR INSTITUTION Days Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO F Prince Georges General Barnabee St. NAME OF DECEASED Middle 4. DATE Last Manth Day Year OF DEATH (Type or print) 19 Marri Russell uguet 6. COLOR OR RACE 7. MARRIED 9. AGE (In years FUNDER TYEAR IF UNDER 24 HRS NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months Days Hours July 19. WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?, 16. SOCIAL SECURITY NO INFORMANT wor or dates of service W CAUSE OF DEATH [Enter only one cause per line for (q), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) WEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a. m. While Nat while of work of work p. m 21. I certify that I attended the deceased from \_\_\_\_that I last saw the deceased and that death accurred at 9:00 alive an M, from the causes and on the date stated above. ADDRESS (Street, city DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR GREMATORY 22d. (Stote) REMOVAL (Specify) 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR A15 (4) 15M 9/SS

CERTIFICATE OF DEATH.

TOTAL P. IN LANCOUNT PROVIDENCE IN



VAC 80 1957



CERTIFICATE OF DEATH 08826 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) N filed o. COUNTY Prince Georges b. COUNTY MARYLAND Marvland Pr. Geo's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give regrest town!
Mitchellvill pluods Mitchellville vrs. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
Defense Highway d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Defense Highway YES X NO NAME OF 4. DATE Middle Year (Type or print) DEATH August 16. 1957. IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Female White WIDOWED DIVORCED [ June 5. 1884 KXX yrs 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Own Home U. S. A. Pennsylvania 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles John Kolhe Catherine Manbeck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Box 107. Address Miss Catherine M. Simpson-Mitchellville, No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ID 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. fi Not while of work of work p. m. 21. I certify that I attended the deceased from That I last saw the deceased alive on\_ and that death occurred at. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Ft. Lincoln Cemetery Burial Bladensburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Ritchie Bros. Upper Marlboro, Md. VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# BUREAU V. E.

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7		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	08825
		08827 CERTIFICATE OF DEATH Reg. D	Dist. No.
director,	1.	PLACE OF DEATH  a. COUNTY RINGE GEORGES MARYLAND  2. USUAL RESIDENCE (Where declased lived. If institution: Reside a. STATE MARYLAND b. COUNTY to	ence before admission)
funeral wild be f	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and Give nearest town)  N. BRENTWEEL 1048  10485  N. BRENTWOOD 34	4
he shoot	L	d. NAME OF HOSPITAL (If not in hospifal, give street address) OR INSTITUTION  d. STREET ADDRESS 3932 Allison	e. IS RESIDENCE ON A FARM? YES NO
y filled in	L	NAME OF DECEASED (Type or print) Lillian Vernice Smith OF DEATH Aug -	8 1957
3 0		F WIDOWED DIVORCED DEpt. 3, 1891 65 yrs. Months	R 1 YEAR IF UNDER 24 FIRS.  Days Hours Min.
and campile bon papers of death.	L	b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired)  Northorne  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	LSA
ohysician ar move carbo hours after	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address	an Alliana Si
ing ph se reme n 72 ho		NO (If yes, give wor or date of service) — MISSELLY RollARY N.BR	ENTWOOD Me
the deat ne attend hen plea ent within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  THE MILE  A  THE MILE  THE MILE	INTERVAL BETWEEN ONSET AND DEATH
ed by the remit. To any even		Conditions, if any, which gave rise to immediate DUE TO DU	11-1952
w requi	z	lying couse last. (c) Nyocar di tis	2-1956
The law ng physic e has be burial-tra removal,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: Hending Historie Hebu		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIA al or a this cert r use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. 11.  p. m. 19 While of work of two of work 10 of work 1	(County) (Stote)
VDING		21. I certify that I attended the deceased from November, 1957, to Aug. 8, 1957, that I alive on ALLA, 5, 1957, and that death occurred at 10:12 P.M. from the causes and on	last saw the deceased the date stated above
OR ATTER ned by the IRECTOR of be deta prior to by		ACTUAL SIGNATURE 94. M. Spiller M.D. 4506 R. J. Clare, Foren	tured 8/4/57
OSPITAL O V be refere UNER. III Je 3 should registror pri		PHYSICIAN'S W. W. SPILLER M.D. II & to 12 11	Marylen
O HOSP may be O FUNE page 3 the regi	L	BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. OCADON (City, town, or country) BURIAL (Specify) 8-12-57 ARMONY NASHINGT	ON, O.C.
VS A15 (4) 15M 9/55	23.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 240. REC'D BY REGISTRAR'S SOLD ATE	IGNATULE CLALIA
		BY-ROBERT L. PLUMER	

Sei Si Dua



CO TO THE REAL PROPERTY.

	Keg.	Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE b. COUNTY pri)	dence before admission) 100 GOTGOS
b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest lown).	c. CITY OR TOWN (If outside corporate limits, write RURAL or andrews AFB, Washington 25,	
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e, IS RESIDENCE
Bldg. 1-100, Andrews AFB	d. STREET ADDRESS	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Louis Leroy Steiner	Lost 4. DATE Month OF DEATH August	Day Yeor 30 1957
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  Cau WIDOWED DIVORCED	8. DATE OF BIRTH 1. February 1925 9. AGE (In years lost birthdoy) 32 yrs. Month	ER 1 YEAR IF UNDER 24 HES.  S Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  100. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)	USTRY 11. 8IRTHPLACE (Stote or foreign country) 12. Pennsylvania	United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Morry L. Steiner	Freda Holden	
	INFORMANT maintaine (Address by ersonnel Records unit of assignment)	individuals ent
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost.  Conditions if ony, which gove rise to immediate couse (b).  Due to region of head (b).	, penetrating, right parietal	Immediate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  LINCONTITUTE OF COURSE OF DEATH UNDON'T INDEED OF DEATH U	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Port II of item 18.) ence indicates self inflicted m	issile wound.
5 h 1 (Mayer a as Assert 20 at a livery as a second	CACE OF INJURY (Home, form, 20f. (City or town) octory, street, office bldg., etc.)  g 1-100, ALFB Andrews AFB, Pr	(County) (Stote) ince Georges, L
21. I certify that I attended the deceased from 5:12 a.	m. , 19 , to 30 August , 19 57, that	I last saw the decease
alive on See Reverse*, 19, and that deat	h accurred atM, from the causes and an  ADDRESS (Street, city or town, state)	the date stated above
SIGNATURE - DD M. Many	M.D. 101st USAF Hospital	30 Augustl
PHYSICIAN'S CAPT. USAF NAME (Type) ABUIDAD P. MCMANUS CAPT. USAF	Andrews Air Force lase (MC) Washin ton 25, D.C.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO SURVIVAL (Specify) 1-3-57	OR CREMATORY 22d. LOCATION (City, town, or county	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  20. 20. Chambers to. 517-11 ths	A. S. E. DATE PT PT	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4. may be cained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or remavol, and in any event within 72 hours after death. VS A1S (4) 15M 9/55

00

T/Sgt Louis L. Steiner entered the Armed rorces 9 June 1912 and has remained in service until the present time.

### CIRTIFICATE

I, the undersigned, while in performance of cuties as Medical Unicer of the Day, for the Molst US F Hospital, so hereby vertify that I was supmoned to the deceased airman's quarters and found him dead upon my arrival thereat. It is my ominion that death occurred approximately 5 to 15 minutes prior to my arrival.

Captain, U.L. (IC)

10 CO - 1 CO - 1

BUREAU V. S.

SEP 5 1957



CERTIFICATE OF DEATH

BUREAU V. A.

AUG 22 1957

BECEINED

n 72 hours after death Page 5 may be re and 2 with the

Item, 18. Give Pages 1, along with form PM3. P

writing the word "pending" in to the Chief Medical Examiner

MEDICAL EXAMINER:

esed as

Page 3 should be to burial.

forwarded !

its designated agent,

1. PLACE OF DEATH o. COUNTY  Prince Geor	rges Marylant	2. USUAL RESIDENCE o. STATE Mary		ed lived. If institu b. COUNT	Y _	dence be		ission)
b. CITY OR TOWN (If outside corporate limits, write if and give nearest town)  Cheverly	D.O.A.	c. CITY OR TOWN		porate limits, write	RURAL a	nd give n	earest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION (II  Prince Georges General		d. STREET ADDRESS	Nash S	treet				A FARM?
3. NAME OF DECEASED (Type or print) Mary	Lou Stew		4. DATE OF DEATH	Augus	ե	31	1	19 <b>57</b>
	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday) 65 yrs.	Months	Days Days	Hours	Min.
15. WAS DECEASED EVER IN U.S. ARMED FORC		14. MOTHER'S MAIDEN	Laura G	Address	reen	U.S.	A	
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c). ]  Cebebral vascula	Mary Brown	; same	address			YAL BETWEET AND DE	
DUE TO	Ateriosclerosis							

CAUSE OF DEATH. 20d. INJURY OCCURRED

Month, Day, Year o. m. p. m.

Not while of work at work 21. I certify that I took charge af the remains described above, held an Autopsy [],

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town)

(County)

and in my

(State)

opinian death resulted fram: Natural causes Accident . ACTUAL SIGNATURE

901

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED

(State)

EXAMINER'S NAME (Type)

MEDICAL

John T. Maloney, M.D.

22c. NAME OF CEMETERY OR CREMATORY

DEPUTY MEDICAL EXAMINER 22d. ŁOCATION (City, Iown, or county)

Suicide . Hamicide . Undetermined manner

September 1. 1957

220. BURIAL, CREMATION, 22b. DATE THEREOF Burial

9-5-57

Lincoln Memorial Cemetery

24a. RECYCLAN REGISTRAGET

23. FUNERAL DIRECTOR'S SIGNATURE John T. Rhines & Co.

ADDRESS 3rd St., S. W.

DATE

nd Mary Land
246. REGISTRAR'S SIGNATURE

Inspection , Inquiry

TO DEPUTY 4 should VS. A15ME 5M 2/57

3/4 (4647) Misera X Table in the state of the state January 101 August States 101 CALL CLASS A. C. F 8010 LONG TO SEE OF THE PROPERTY OF Carp truck the chart cart Institute delicany Indiadel terriodeleroste Districted Monay towns or direction hearth discens.

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CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Levenia levenia.

Hypotheric E A. Higas Carter Hat Kind Buckey

Ethys 22 was & Carte

08832 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (When o. STATE Maryland	re deceased lived. If institution b. COUNTY	Prince G	odmission) eorge's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write R		
d. NAME OF HOSPITAL (If not in hospital, give street or	33 years	d. STREET ADDRESS	ille Md.		IS RESIDENCE
or Institution 4516 Burlington Road	,		ington Road	6.	ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Bernard	S Middle	Thomas	OF AU	gust 12,	Year 19 57
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		Jan 27, 187	lost histhelass	Months Days	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)			foreign country)	12. CITIZEN OF	WHAT COUNTRY!
Rettred In	surance agent	Marylan  14. MOTHER'S MAIDEN NA		0.5	
			WE		
Chepas M Thomas  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 117. IN	?	Addr		
(Yes, no, or unknown) (If yes, give war or dates of service)		Lizzie M Th		ville Md	
Canditions, if any, which gave rise to Immediate cause (a), stating the under-lying cause last.	cinoma of the l			4	T AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO		NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	EN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
200 ACCIDENT WAS TIMBERINING FILL 20% DECCI	None	#	A 1 0 A W - 6 2 - 10 1	,	res NO DK
UF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Fa	ri or rore il or item ib.)		
A Hour a. n. While	JURY OCCURRED 20e. PLA Not while foct	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the deceased alive an Aug. 12 , 1957  ACTUAL SIGNATURE MANUAL C. Afair PHYSICIAN'S NAME (Type) CHARLES C. HAGEAGE	gage M	occurred at <u>6.35A.</u> At	M, from the causes a paress (Street, city or town,	nd on the date	the deceased stated above.  DATE SIGNED  8/13/57
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 814/57	22c. NAME OF CEMETERY OR Mt Olivet Ce		2d. LOCATION (City, town, o	Marie and the second	(State)
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ADDRESS	24a. REC'D	BY REGISTRAR 245 REGIS		1

VS A15 (4) 15M 9/55

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BUREAU V. 8		ORIGINAL PROPERTY OF A CONTROL OF A CONTROL ORIGINAL PROPERTY OF A CONTROL ORIGINAL PROPERTY OF A CONTROL ORIGINAL PROPERTY ORIGINAL PROPERTY OF A CONTROL ORIGINAL PROPERTY ORIGINAL PROPERTY OF A CONTROL ORIGINAL PROPERTY OF A CONTROL ORIGINAL PROPERTY ORIGIN	The second secon

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### FOR STATE HEALTH DEPT.

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072 hours ofter death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 ta the funer 4 shauld forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00001

08833

U	0001							Reg. E	list. No		
PLACE OF DEATH				2. USUAL RES	IDENCE AV	Vhere decea	sed lived. If institu	tion: Resid	lence be	fore odm	ission)
o. COUNTY P	rince George	98	MARYLAN	o. STATE	Me	ryland	b. COUNT	Y F	r. (	leo.	
b. CITY OR TOWN	(If autside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 11	c. CITY OR	TOWN (	outside cor	porote limits, write	RURAL on	d give n	eorest to	wn)
and give nearest to	verly		DOA	Xo	Bow	ie					
d. NAME OF HOSP	ITAL OR INSTITUTION	If not in he	ospital, give street address)	d. STREET	ADDRESS						ESIDENCE
Prince (	Georges Gene	eral l	Hospital					A FARM?			
3. NAME OF DECEASED (Type or print)	Mary Eliza		Middle Thompson	Lost		4. DATE OF DEATH	August		Day		reor 9 57
5. SEX	6. COLOR OR RACE	7. MARR	IED I NEVER MARRIED	8. DATE OF BIRTH			9. AGE Iln years	IF UNDE	TYEAR	IF UND	ER 24 HRS
Female	col.	WIDOW	ED DIVORCED	7-21-	-23		34 yes.	Months	Days	Hours	Min.
during most of work  Housew	ing life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU		ACE (Stote	or foreign	cauntry)	12. CI1		S.A.	COUNTRY
13. FATHER'S NAME				14. MOTHER'S		NAME				D.W.	
Alber	t Nelson Smi	ith		1	Louis	e A.	Lee				
	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	INFORMANT			Address				
(Yes, no. or unknown)	(If yes, give war or dates of	service)		LeRoy Pa	mi S	mith.	Same ad	dress			
The CAUSE OF DE	ATH [Enter only one co	us see lie	for (a) (b) and (c) ?						LINEE	RYAL BETW	EP11
Conditions, if gave rise to imm (o), stating the couse last.	ediate cause										
PART II. O  20g. EXTERNAL C PRIMARY Gr C CAUSE OF DEATH	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PA			AUTOPSY ORMED? NO
	ONTRIBUTING	0b. DESCRI	BE HOW INJURY OCCURRED.	(Enter nature of in	jury in Par	t i or Part (i	of item 18.)				
20c. TIME OF INJ		Whi		LACE OF INJURY (Insciory, street, office	Home, form bldg., etc.	20f. (Cit	y or lown)	(Co	ounty)		(State)
21. I certify	that I taok charge	e of the	remains described al	pove, held an	Autaps	y X, 1	nspection [X].	Inqui	гу 🎩	. an	d in my
opinian deat	h resulted from:	Natural	causes . Accident	, Suicide	e 🔲,	Homicide	Undete	rmined	mann	er 🗌	
ACTUAL SIGNATURE	John J.	M	aloney	M.D.		AMINER [				DATE S	SIGNED
EXAMINER'S NAME (Type)	John T. M	falone	y, M.D.			AL EXAMINE EXAMINER		zust	24.	195	7
220 BURIAL CREMAT REMOVAL (Specif	ION. 226. DATE THERE	5-7		OR CREMATORY Cheese	6	12d. 100	ATION (City, fown,	or county)	2	(Stot	9)
23. FUNERAL DIRECTO	DR'S SIGNATURE	the	ADDRESS (	N. Ina	240. REC'	D BY REGIS	TRAR 246. REGIS	STEAR'S	GNATU	RE	
MULLY A	WUUMMX	W -		14	AT STATE	0 31	111111				

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John T. McJosey, M. O.

BUREAU V. S.

VNC 58 1021

BECEINED

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	18892	<u> </u>			Reg. Dist. No.
1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marvl	here deceased lived. If institution b. COUNTY	Residence before admission) Prince Georges
b. CITY OR TOWN (I RURAL ond give no Cheverly		c. LENGTH OF STAY IN 16		outside corporate limits, write RU	
d. NAME OF HOSPIT	AL (If not in hospitol, give street eorges Genera		d. STREET ADDRESS	h Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Albert	Middle E	Toogood	4. DATE Month OF DEATH August	Day Year 1 19 57
S. SEX	White WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	6/9/66		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
during most of worl	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDI	ustry 11. Birthplace (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Retired  13. FATHER'S NAME	12.11	COL TONT	14. MOTHER'S MAIDEN I	NAME	
Edward To	oogood		Rebecca W	igman	
15. WAS DECEASED EVE			Mrs. Gertru	_ රිජ්ර	3-37th St. Rainier, Md.
Conditions, if a gove rise to i cause (o), stoting lying cause last.  PART II. OTH	mmediate the under. (c)	Heart lenewless contributing to dead bu	L attend	zcleroses inal disease condition given	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
THER, NOTIFY	MEDICAL EXAMINER)		ED. (Enter nature of injury in		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year 20d. If While of worl	Not while fe	LACE OF INJURY (Home, farm octory, street, affice bldg., etc	n,   20f. (City or town) :.)	(County) (State
olive on	at I attended the decease	57, only hat death	M.3824-34	M, from the causes an appress (Street, city or town, st	mer red 81-
	enjamin S. Mi	.11er		th St. Mt. R	county) (Stote)
REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	Aug. 5, 1957	Glenwood C	emetery	Washington	
The S. H		Washington		257 1000	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attenting physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 moved to use as the burial-transit permit. Then please remove carbon pages, Pages 1 and should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

# Descript city - round T Test troub Landers of the control for the BUREAU V. S. ECEINE Tell Ann. 5, 7987, Transmit Campung and Link

08893 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08835 CERTIFICATE OF DEATH Reg. Dist. No. director, filed with 1. PLACE OF DEATH AT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY , MARYLAND M death. eral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) å RURAL and give nearest town) P d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 60 YES NO hour .5 NAME OF First 4. DATE Middle Last Month Day Yeor DECEASED (Type or print) 6 DEATH 19.5 5. SEX 6. COLOR B. DATE OF BIRTH 9. AGE (In years OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. Months Days WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WiF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move ONACO 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address BEACH 18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.0 DUE-TO permit. Conditions, if ony, which gned gove rise to immediate DUE TO coese (o), stating the underpup lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, affice bldg., etc.) Haur a. m. While Not while ot work ot work p. m 21. I certify that I attended the deceased from \_\_\_that I last saw the deceased and that death accurred at 5:30 alive on M, fram the causes and on the date stated above. ADDRESS (Street, city or lawn, stote) DATE SIGNED ACTUAL SIGNATURE ō PHYSICIAN'S NAME (Type) FUNE 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) DATUG 15M 9/55

CERTIFICATE OF DEATH

AUREAU V. S.

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# HEALTH DEPT. director. Page r your files.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08804

08837

Reg. Dist. No.

1. PLACE OF DEATH					o. ST	AYE		sed lived. If institute b. COUNT	Y -	-		nission)
	nce Georges		1	MARYLAND		Mary	rland		PT	• Ge		
b. CITY OR TOWN and give negrest to	(If outside corporate limits, writing)	n RURAL		H OF STAY IN 16				porote limits, write	KUKAL o	ind give r	nearest to	)wn}
	rerly			).A.	Xo		sville				1	
	PITAL OR INSTITUTION (				11 /	REET ADDRESS					ON	RESIDENCE A FARM?
	eorges Gener	al Ho	spital		4	000 Pow		11 Road			YES [	] NO []
3. NAME OF DECEASED	Fir			Middle		Lost 4. DATE Month				Doy		Year
(Type or print)	Cliffo	rd Ea	rl Wa	lker			DEATH	Augu	-	3,	-	1957
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEV	ER MARRIED				9. AGE (In years last birthday)	Months	Days	Hours	DER 24 HRS.
Male	white	WIDOWE	D 🔲	DIVORCED [	11-	18-96		60 yrs.	Monnia	Days	Hoors	With.
during most of work  Labor for	TION (Give kind of work king life, even if refired)			ISINESS OR INDUS	200	RTHPLACE (SIG		country)	12. C		F WHAT	COUNTRY
13. FATHER'S NAME	CIROTI	ue.	116 1001	A MOUNTY		HER'S MAIDEN				0.00		
13. FAIRER 3 NAME	Abraham Lin	2075	Walker		14. MOT		McCul	lough				
16 WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SEC		INFORMAN		MOUNT	Address				
[Yes, no. or unknown]	(If yes, give wor or dates of		. SOCIAL SE									
					ary E	Lizabet	on walk	er; Same	addi			
	EATH [Enter only one co										EVAL BETW	
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, A	cute (	congestiv	re hea	rt [ai]	Lure					
1442X	DUE TO											
Conditions, if	ony, which)	C	ardio	vascular	renal	diseas	58					
gove rise to imn	nediate cause											
(o), stoling the	underlying											
Z PART H. C	THER SIGNIFICANT CON		ONTRIBUTIN	IG TO DEATH BUT	NOT RELAT	ED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PA	ART 1(o)	19. WAS	AUTOPSY
ATIO		1535									YES T	ORMED?
200. EXTERNAL C	ALISE WAS	DESCRIE	RE HOW IN	URY OCCURRED.	(Enter notur	e of injury in P	Port Lor Port II	of item 18.1		1		
PART II. C	ONTRIBUTING []	DE GENT			,							
		or   204	INJURY OC	CHRRED 20e PL	ACE OF INI	LIPY (Home fo	orm, 20f. (City	v or lown)	16	County)		(State)
20c. TIME OF IN.	n.	Whi	le Not	whilefac	clory, street,	office bldg., e	Hc.)	or luwii)	10	.Joiny)		(2:016)
	n, 19		ork of v									
21. 1 certify	that I taak charge	e of the	remains	described ab	ove, hel	d an Auta	psy 🔲, I	nspectian 🔟	, Inqu	iry 🛨	, ar	nd in my
apinion deat	th resulted from:	Natural	causes D	. Accident	☐. S	vicide	Hamicide	, Undet	ermined	mann	er 🔲	
^			1	10-3-10	9.000							
ACTUAL SIGNATURE	Lohn DS	M	alon	en	M.D. C	HIEF MEDICAL	EXAMINER [				DATE	SIGNED
1	TO FUNDO			1		SSISTANT MED	ICAL EXAMINE	R 🗍				
EXAMINER'S NAME (Type)	John T. Mal	onev.	M.n.	0	D	EPUTY MEDICA	L EXAMINER	X Ano	ust l	1. 19	957	
	TION, 22b. DATE THERE			OF CEMETERY O				TION (City, town,			(Sta	ito)
Burial	8/6/57		1.3	Lincoln			0	mar Man			, Site	
23. FUNERAL DIRECTO			ADDI		Conte		C'D BY REGIST		ISTRAR'S		IRF	
1.4	's Done Hy	tter	illa	Manulan	d			57 1712	7	-		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute that certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funer 4 should forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State ar its designated agent, prior to burial, cremation, or remayal, and in any sweath-within 72 hours after death. VS. A15ME 5M 2/57

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BUREAU V. S.

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	C8830 CERTIFICATE OF DEATH	Reg. Dist. No.
M	1. PLACE OF DEATH  o. COUNTY Prince George MARYLAND  2. USUAL RESIDENCE (Who o. STATE Maryland)	ere deceased lived. If institution: Residence before admission) and b. COUNTY prince George
	KUKAL and give negrest town)	utside corporate limits, write RURAL and give nearest town) adywine (rural)
00	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION One  d. STREET ADDRESS	e. IS RESIDENCI ON A FARM YES NO
	3. NAME OF First Middle Last DECEASED (Type or print) Pearl C. Washington	4. DATE Month Day Year Of DEATH August 23 1957 19
I)	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  B. DATE OF BIRTH  C WIDOWED DIVORCED Sept. 11 1894	
1	100. USUAL OCCUPATION (Give kind of work done during host of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of Mountain Moun	or foreign country) 12. CITIZEN OF WHAT COUN
	13. FATHER'S NAME  Andrew Dent	Dent
0	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dotes of service)  Raymond Washing	Address gton Bryans Road, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying couse lost.  (c)  DUE TO  (c)	A Double Conset and Death
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTIONS CONTRIBUTION	PERFORMED?
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. While Not while of work of work of work to work to the work to the other of work to the other to the oth	20f. (City or town) (County) (Sto
1		, M, from the causes and an the date stated about the course (Street, city or town, state)  DATE SIG
	Britian (mg 27, 1957) XT 11/arys	Tiscalaway Mel (State)
B.	23. FUNERAL DIRECTOR'S SIGNATURE  Huntt Funeral Home Waldorf, Md.  DATE	BY REGISTRAR 246 REGISTRAR'S SIGNATURE
	Att	3057 McLeduck

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10 30 1957

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08839

08	805	LDICA	L LAAMINER	3 CERTITION		DEAIII	Reg.	Dist. N	0.	
DEACE OF DEATH				2. USUAL RESIDENCE o. STATE	(Where deceas	ed lived. If institu		idence be	efore odm	ission)
	rince George	88	MARYLAND	Mary	yland		1.3	r. G		
b. CITY OR TOWN	(if outside corporale limits, wo	rife RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porole limils, write	RURAL	ond give	neorest lo	wn)
	verly		D.O.A.	X2 Colmar						
	orges Gener		pilol, give street address)	d. STREET ADDRESS		8			ON	ESIDENCE A FARM
. NAME OF		irst	Middle	Lost	4. DATE	Mont	h	Doy	, . ,	Year
(Type or print)	Charles J	oseph	Phillip Weber		OF DEATH	August		8.	1957	9
5. SEX			ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UND	7	IF UND	DER 24 HR
Male	White	WIDOWE	D DIVORCED	6-21-1880		77 yrs.	Months	Days	Hours	Min.
Oa. USUAL OCCUPA	TION (Give kind of war	done 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	te or foreign c	ountry)	12. C	ITIZEN C	OF WHAT	COUNT
letired Po	rking life, even if retired <b>Liceman</b>		Police	Washing	gton, D	.C.		U.	S.A.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Phillip	Henry Weber			Eliza d	Jane Ly	nn				
15. WAS DECEASED	EVER IN U. S. ARMED F		SOCIAL SECURITY NO. 17.	NFORMANT		Address				
Yes	U.S. Army	1899	None	ane Frances	Webers	Same ad	dres	8.		
IB. CAUSE OF D	EATH [Enter only one c	ouse per line						INT	EPVAL BETW	TEEN
PARTID	EATH WAS CAUSED BY:							ON	SET AND DE	ATH
	IMMEDIATE CAUSE (	0)	Acute congesti	ve neart 183	Liure					
442	X DUE TO	0								
Conditions, if	ony, which)	b)	Cardiovascular	renal disea	250					
gave rise la imi	mediate cause									
(a), slating the	e onderlying									
		(c)	CALIFORNIA CON DEATH BUT	NOT BELLIED TO THE YER	INIDIAL DIFFASI	CONTRICTION	VEN. 10.1 (B)	107 1/ 1/	10 1111	4117000
PART II. C	DIHER SIGNIFICANT CO	NOTTIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASI	E CONDITION GI	VEN IN P.	ARI I(o)		DRMED?
200. EXTERNAL	TALISE WAS	206 DESCRIB	E HOW INJURY OCCURRED.	Enter nature of injury in P.	ort Los Port II	of item 10 )			113	110
PRIMARY OF CAUSE OF DEAT	CONTRIBUTING [	ZOD. DEJCKIE	E HOW HOOK! OCCORRED. (	chier holde or injury in re	OIT I OT FORT IS	or nem ta.j				
			To the second se							
20c. TIME OF IN			- American	ICE OF INJURY (Home, fa tary, street, affice bldg., e		or town)	((	County)		(Stote
Hour o.		9 of w	e NoI while							
21. I certify	that I took chard	e of the	remains described abo	eve, held an Autor	osy 🗖 . Ir	rspection 📆	Ingi	Jiry C	ar	nd in m
			_					100		
opinian deal	in resulted from:	Natural	causes , Accident	, Suicide ,	Hamicide	, Undere	erminec	mann	ier [_]	
ACTUAL SIGNATURE	tologo ?	AM O	O contract	M.D. CHIEF MEDICAL	EXAMINER				DATE	SIGNED
SIONATORE	ABLANC 2		covery	ASSISTANT MEDI	ICAL EXAMINE	R 🗀	-		V4	
EXAMINER'S NAME (Type)	John T.	Malone	y. M.D.	DEPUTY MEDICA	L EXAMINER	Aug	ust	8, 1	957	
20. BURIAL CREMA	TION, 226. DATE THERE	EOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCA	TION (City, town,	or county	1)	(\$10	te)
BURIA	L' Aug 13	,1957	ARLINGTON	NATI CEM	1. AR	LINGTO	No	VII	RG11	NIA
3. FUNERAL DIRECT	OR'S SIGNATURE	0	ADDRESS	. hl. 1 240. RE	C'D BY REGIST		ISTRAR'S	SIGNATI	RE	
Imanlia 4	1) · Milaman	LKO.	1300 - N St	14.00	disk 1 0	457   1 000		Buch		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer 4 should farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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	success and and	Entrique	( founded, core	rinos do
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	nows and sets		The of Section	decire.
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		Marka Chal		
	on appeal Alegans	Docker Estab		

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VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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VS. A15ME 5M 2/57

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directal	r your	ara or		00
funeral	etair	Store		77
fo the	oy be r	an uther	5	
in Item, 18. Give Pages 1, 2, and 3 to the funcing director. Page m.m.	age 5 m	consit permit, rile pages I and 2 with the State Card of Theorem	DOU 77	I
ges 1,	M3. P	ages !		-
3ive Po	form P	rile p	ry even	
within 18.	ng with	ermir.		
in Hen	ice ofor	d listed	, da, da	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08842 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08807 Rea Dist No.

U								Reg. Dist.	140.			
PLACE OF DEATH				11		E (Where decease	ed lived. If institu		before ad	missian)		
	nce Georges		MARYL	AND O. SI	o. STATE Maryland b. COUNTY Pr. Geo.							
b. CITY OR TOWN	V (If outside corporate limits, writ	11b c. Cl	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
and give negrest	verly		D.O.A.	XC		tchellvi						
		M A la No					110		1. 10	DECIDINGS		
	SPITAL OR INSTITUTION (				REET ADDRES				e. 15	RESIDENCE N A FARM?		
Prince C	Georges Gener	ral Ho	spital	Ro	ite 1,	Box 97			YES	□ NO □		
3. NAME OF DECEASED	Fir	sl	Middle		Lost	4. DATE	Month	ì	Doy	Yeor		
(Type or print)	Albert		Robert	Woo	i	OF DEATH	August	13,		19 57		
5. SEX		7. MARRI	ED NEVER MARRIED			- 1	9. AGE (In years	IF UNDER TYPE	-			
Male		WIDOWE					last birthday)	Months Day	Part was the Contract of	the state of the s		
	Colored				. 18, 1							
during most of wo	ATION (Give kind of work rking life, even if refired)	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BI						T COUNTRY		
None					Washir	J	U.S.A.					
13. FATHER'S NAME			14. MO1	HER'S MAIDE								
Oder	Wood			250	Ire	ene Broo	ks					
	EVER IN U. S. ARMED FO	RCES? 14	SOCIAL SECURITY NO. T	17. INFORMAT		22.00	Address					
(Yes, no, er unknown)	(If yes, give war er dates of											
				Oden 1	Nooa?	same ad	cress					
18. CAUSE OF D	DEATH [Enter only one cou	use per line		THE C					INTERVAL BET	WEEN		
PART I. D	EATH WAS CAUSED BY:	,	Asphyx	ia								
920												
1 85 7.	DUE TO		Drownia	nø								
	f any, which (b)	L	DI OWILL	-8								
(a), stating th												
couse lost.	) (c	)										
Z PART II.	OTHER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	o) 19. WAS	AUTOPSY		
ATA									YES T	ORMED?		
200. EXTERNAL	CALISE WAS 2	N. DESCRIB	E HOW INJURY OCCURR	ED (Enter natur	a of Intima in	Part I as Rest II	of them 18 )		1100	TO L		
PART II.	CONTRIBUTING []	. DESCRIB										
		poor		oy went	into d	leep wat	er and w	as drow	med.			
3.00 P.	NJURY Manth, Day, Ye		INJURY OCCURRED 20e	factory_street	URY (Home, f	form, 120f. (City	or fown)	(County	)	(State)		
3.00 P	8-13-5719	While of we	e Not while ork of work	pool	orrice orogi;	Bowi	e Pr.	Geo.	Mo	l.		
	that I took charge				d an Auto	nev 🗍 la	spection T,	Inquieu		ind in my		
									_	na m my		
opinion dea	th resulted from:	Natural	causes, Accide	ent XI, S	uicide,	Homicide	, Undete	rmined ma	nner			
	0,		1	32-14								
ACTUAL	Vol. 79	mol	lane.	M.D. C	HIEF MEDICA	L EXAMINER			DATE	SIGNED		
J.O. TATORE	July !	1-1-00	ney		SSISTANT MEI	DICAL EXAMINE	RIT					
EXAMINER'S		Jan C	W-2/1- W			AL EXAMINER	a	-4 72	7055			
NAME (Type)			Maloney, M.	• 11 •				st 13,				
REMOVAL (Spec	TION, 22b. DATE THEREC	OF	22c. NAME OF CEMETER				ION (City, town, c			ole)		
Burial	8/17/57		Carroll Cha	pel Cem	etery	Coll	ington, M	-	A			
23. TUNERAL DIRECT	TOR'S SIGNATURE		ADDRESS			EC'D BY REGIST		THAR'S SIGNA	-			
Colen	J. Deur	To L	_ 30 H Stre	et, N. F	DATE	AUG 15 '	57 000	Leave	n			
	7	-UN			DAIL							

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		1 00	UK							Reg. Dis	it. No.		
1. PLACE OF D		~				2.	USUAL RESIDENCE (W	here decease	d lived. If instituti				
Prince Georges!				MARYLAND			Maryland B. COONIT Pri					nce Georges	
	OWN (If outside co	its, write	c. LENGTH OF STAY IN 15			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
9.7	er Marl		8 yrs.			Upper Marlboro x 2							
d. NAME O	HOSPITAL (If not i	n hospital, g	ive street	address)			d. STREET ADDRESS					IS RESIDENCE	
		go Ro	bac				Largo Ro	oad				ON A FARM?	
3. NAME OF DECEASED		First			Middle		Lasi	4. DATE	Mon	th	Day	Year	
(Type or print)	t)	Wa	alte	r	David		Woods	DEATH	Au	gust	2.	19 57	
5. SEX	6. COLO	R OR RACE	7. MARR	NEVE	R MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years		1 YEAR IF	UNDER 24 HRS.	
Male	Whi	te	WIDOWI	ED 🗍	DIVORCED [	Se	pt. 5, 19	908	last birthdoy) 48 yrs.	Months	Days	lours Min.	
100. USUAL OC	CUPATION (Give ki	ind of work	done 10b.	KIND OF 8US	SINESS OR INDU	JSTRY	11. BIRTHPLACE (Stote	or foreign o	ountry)	12. CIT	IZEN OF	WHAT COUNTRY	
during mos	of working life, ev Machin	en it retired	)   .	E E	xcavati	ng	Virg:			T	J. S.		
13. FATHER'S N			- L PI G	- 401	ntracti		MOTHER'S MAIDEN					ARC W	
Coli	umbus Wi	lev V	Nood:	g					Picket				
15. WAS DECEA	SED EVER IN U. S.				RITY NO. 17.	INFO	RMANT		Add	ess			
NO NO	n) (If yes, give w	or or dates of s	ervice)			es.	Lucy L.	Wood			arlbo	oro, Md.	
	OF DEATH [Enter		use per lir	for (a), (b),	ond (c).]	7	1 1	1				AND DEATH	
PAI	T I. DEATH WAS C.	AUSED BY: TE CAUSE (a	,	oro	nory	/	Pnem	ris			UNSET	don.	
149	11	DUE TO			da.	1	172		B				
Conditio	ns, if any, which	) (6	,	Bron	c.ensia		1 new	mon	18		7	day	
	e to immediate stoling the under-	DUE TO											
lying cou		) (c	)		-						1993		
Z PAR	II. OTHER SIGNIF			ONTRIBUTING	G TO DEATH BU	T NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPSY	
CATI		1/1	con	dary	an	us	wid					PERFORMED?	
PAR 20g. ACCIE OR CONTR (IF EITHER,	ENT WAS UNDERLY	YING 🗆	20b. DES	CRISE HOW II	NJURY OCCURR	ED. (Er	nter nature of injury in	Port I or Pari	I II of item 18.)				
	NOTIFY MEDICAL E	OF DEATH			1	20	ne						
	F INJURY Month,	Day, Yea	or 20d. If	NJURY OCCUP	RRED 20e. PI	LACE (	OF INJURY (Home, farm	n, 20f. (City	or town)	ic	ounty)	(State)	
Hour Hour	o. jt. p. m.	10	While	Not whi	fo fo	octory,	streel, office bldg., etc				,,,,	(5.0.0)	
		1 1 1			Tiles	15		246	0 5.	,			
	lify that I atte	nded the	decease		my.	25	_, 19.2_/_, ta_/_	my-				the decease	
alive on	cry	d	12.	), 4n	d that death	h acc	curred at/130		n the causes o	nd an th	ne date		
ACTUAL	G	1	0	2.11	#3 .		Alle.	APORESS (SI	reet city or town.	state)	0	DATE SIGNE	
ACTUAL	James	u	1/1	- CUPY	w	M.D.	Miller	yar	lare 1	usy-	-8	-3-5	
PHYSICIAN NAME (Typ		G. 5	Sass	cer, 1	A.D.		Upper Ma	arlbo:	ro, Mar	yland	1.		
220. BURIAL, CI	EMATION, 22b. D.	ATE THEREO	F	22c. NAME	OF CEMETERY C	OR CRI	MATORY	22d. LOCAT	ION (City, town, o	or county)		(Slate)	
Buria	8/	5/57		Slem	o Cemet	ter	У	Suga	ar Grov	Θ,	Vi	rginia	
23. FUNERAL DI	RECTOR'S SIGNATU	IRE	100	ADDRES			*	D BY REGIST		TRAR'S SIG			
Ritchi	e Bros.	Fune	eral	Home -			o, Md DATE	AUG 6	'57 01	1			
							Tonic .	HUU U		77-26	B.R.E.F.B.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL IRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shall be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours of the certification.

be funeral director, should be filed with

CHITIST OF DEATH

BUREAU V. Z

Se deres, characters acces a company to the

ZS61 9 5m

BECEINED